

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90158 037 \*\*\*\*50.00

<b>DOCUMENT # L00000002885</b>					
<b>1. Entity Name</b> WILLIAM D. MESSER, LLC					
<b>Principal Place of Business</b> <del>200 EAST 13TH STREET</del> <del>STE B</del> <del>RIVIERA BEACH, FL 33404</del>			<b>Mailing Address</b> <del>200 EAST 13TH STREET</del> <del>STE B</del> <del>RIVIERA BEACH, FL 33404</del>		
<b>2. Principal Place of Business</b> 138 ANCHORAGE DR. SOUTH			<b>3. Mailing Address</b> 138 ANCHORAGE DR. SOUTH		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b> N. PALM BEACH, FLA		<b>City &amp; State</b> NORTH PALM BEACH, FLA.		<b>4. FEI Number</b> 49-3620066	
Zip 33408-5025		Country USA		Applied For Not Applicable	
Zip 33408-5025		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <del>LAMONT &amp; NEIMAN, P.A.</del> <del>1 BISCAYNE TOWER, 3650</del> <del>2 SOUTH BISCAYNE BLVD</del> <del>MIAMI, FL 33131</del>				<b>7. Name and Address of New Registered Agent</b> Name: <u>MARK J. NOWICKI</u> Street Address (P.O. Box Number is Not Acceptable): <u>480 MAPLEWOOD DR.</u> <u>SUITE 2</u> City: <u>JUPITER</u> <b>FL</b> Zip Code: <u>33458-5845</u>	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: <u>2/17/05</u>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>				<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MESSER, WILLIAM D 138 S. ANCHORAGE DRIVE NORTH PALM BEACH, FL 334085025 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> <u>William D. Messer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>(561)842-5486</u> <small>Daytime Phone #</small>	