

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # L00000005563

1. Entity Name

DISPENSING PATENTS INTERNATIONAL, LLC



Principal Place of Business

4925 PARK RIDGE BLVD  
BOYNTON BEACH FL 33426

Mailing Address

4925 PARK RIDGE BLVD  
BOYNTON BEACH FL 33426

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

65-1019907

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLEAKLEY, DENNIS M  
4925 PARK RIDGE BLVD  
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME MESHBERG, PHILIP  
STREET ADDRESS 4925 PARK RIDGE BLVD  
CITY-ST-ZIP BOYNTON BEACH FL 33426

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE MGRM  
NAME THE PHILIP MESHBERG MANAGEMENT TRUST  
STREET ADDRESS 4925 PARK RIDGE BLVD.  
CITY-ST-ZIP BOYNTON BEACH, FL 33426

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 3/21/05 Daytime Phone #

THE PHILIP MESHBERG MANAGEMENT TRUST, ITS SOLE MGRM (561)  
PHILIP MESHBERG, ITS SOLE TRUSTEE 364-0014