

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90060 028 \*\*\*\*50.00

DOCUMENT # L00000013039

1. Entity Name  
THE MET, LLC



Principal Place of Business  
35 S BLVD OF THE PRES.  
SARASOTA, FL 34236

Mailing Address  
35 S BLVD OF THE PRES.  
SARASOTA, FL 34236



03222006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1048549

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MICHEL, GEOFFREY  
35 S BLVD OF THE PRESIDENTS  
SARASOTA, FL 34236

**DO NOT WRITE  
IN THIS SPACE**

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

*Geoffrey C. Michel*

*Geoffrey C. Michel*

*4/13/06*

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	1099 MANAGEMENT CO., L.L.C.
STREET ADDRESS	707 SOUTH WASHINGTON BLVD.
CITY-ST-ZIP	SARASOTA, FL 34236 <i>Remove</i>
TITLE	VS
NAME	TOSCH, JOHN E
STREET ADDRESS	707 SOUTH WASHINGTON BLVD.
CITY-ST-ZIP	SARASOTA, FL 34236 <i>Remove</i>
TITLE	T
NAME	NARVISE, CHRIS
STREET ADDRESS	707 SOUTH WASHINGTON BLVD.
CITY-ST-ZIP	SARASOTA, FL 34236 <i>Remove</i>
TITLE	President
NAME	Geoffrey C. Michel
STREET ADDRESS	35 S. Blvd of the Presidents
CITY-ST-ZIP	Sarasota FL 34236
TITLE	Vice President / Treasurer
NAME	Brenda Michel
STREET ADDRESS	35 S. Blvd of the Presidents
CITY-ST-ZIP	Sarasota FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *X Geoffrey Michel*

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

*X 4/13/06*

Date

*X 941 388 391*

Daytime Phone #