

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90044 029 \*\*\*\*\*55.00

**DOCUMENT # L00000016158**

1. Entity Name

**MEREDITH FEDER LLC**



Principal Place of Business

**660 9TH ST NORTH #2  
NAPLES FL 34102**

Mailing Address

**1450 WILDWOODLAKES BLVD., B-204  
NAPLES FL 34104-9460**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**3307 TWILIGHT LANE  
#5002**

City & State

Zip

Country

City & State

**Naples, FL**

Zip

**34109**

Country

**USA**

4. FEI Number

**26-7516836**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FEDER, MEREDITH J  
1450 WILDWOOD LAKES BLVD. #B-204  
NAPLES FL 34104**

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 **MGR** ☐ Delete  
NAME **FEDER, MEREDITH J**  
STREET ADDRESS **1450 WILDWOOD BLVD. #5204**  
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Change ☐ Addition  
NAME **FEDER MEREDITH J**  
STREET ADDRESS **3307 TWILIGHT LANE # 5002**  
CITY-ST-ZIP **Naples, FL 34109**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Meredith J Feder LLC*

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

Date

Daytime Phone #