
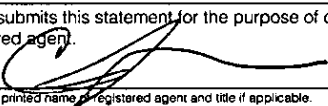


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90141 020 ****55.00

DOCUMENT # L01000019900			
1. Entity Name THE MEYER MORTGAGE GROUP, LLC			
Principal Place of Business 3638 TROPIC ST. BIG PINE KEY, FL 33043 US		Mailing Address 3638 TROPIC ST. BIG PINE KEY, FL 33043 US	
2. Principal Place of Business 31223 AVENUE A Suite, Apt. #, etc.		3. Mailing Address 31223 AVENUE A Suite, Apt. #, etc.	
City & State BIG PINE KEY, FL		City & State BIG PINE KEY, FL	
Zip 33043	Country USA	Zip 33043	Country USA
6. Name and Address of Current Registered Agent MEYER, CHRISTOPHER J 3638 TROPIC ST. BIG PINE KEY, FL 33043		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  CHRISTOPHER J. MEYER 07-14-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	

14020001



07142004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1151588

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MEYER, CHRISTOPHER 3638 TROPIC STREET BIG PINE KEY, FL 33043 <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
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
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

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 606, Florida Statutes.

SIGNATURE:

 CHRISTOPHER J. MEYER 07-14-04 (800) 923-1120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #