

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90342 018 *****50.00

DOCUMENT # L02000018948

1. Entity Name

GREEN AND MYERS PROPERTIES, LLC



Principal Place of Business

134 DOGWOOD LANE
FORT MYERS BEACH FL 33931

Mailing Address

11796 THOMAS SPRINGS ROAD
MONROVIA MD 21770

2. Principal Place of Business

4149 SW 5th PLACE

3. Mailing Address

4149 SW 5th PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FLORIDA

City & State

CAPE CORAL FLORIDA

Zip

33914

Country

USA

Zip

33914

Country

USA

4. FEI Number

45-0484665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MYERS, ALBERTA S
134 DOGWOOD LANE
FORT MYERS BEACH FL 33931

7. Name and Address of New Registered Agent

Name Thomas A. Green
Street Address (P.O. Box Number is Not Acceptable)
4149 SW 5th PLACE

City CAPE CORAL

FL

Zip Code

33914

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 Thomas A. Green

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-16-04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME GREEN, THOMAS A
STREET ADDRESS 11796 THOMAS SPRINGS RD
CITY-ST-ZIP MONROVIA MD 21770

TITLE MGRM ☐ Delete
NAME MYERS, EDWARD C
STREET ADDRESS 814 LITTLESTOWN PIKE
CITY-ST-ZIP WESTMINSTER MD 21157

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: Thomas A. Green Thomas A. GREEN

Date

2-16-04

Daytime Phone #

239-945-2890