## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 13, 2005 08:00 AM Secretary of State

DOCUMENT # L0200  1. Entity Name MEYERS FAMILY INVESTME		
Principal Place of Business *505 KINZIE ISLAND COURT SANIBEL ISLAND, FL 33957	Mailing Address 505 KINZIE ISLAND COURT SANIBEL ISLAND, FL 33957	

			11.

## DO NOT WRITE IN THIS SPACE

 Applied For Not Applicable
 \$5.00 Additional

6. Name and Address of Current Registered Agent

MEYERS, RONALD G 505 KINZIE ISLAND COURT SANIBEL ISLAND, FL 33957

the obligations of registered agent.

SIGNATURE: 소

## DO NOT WRITE IN THIS SPACE

SIGNATURE.	Signature, typed or printed name of registered agent and life if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEYERS, RONALD G 505 KINZIE ISLAND COURT SANIBELL ISLAND, FL 33957		U0::::::::::::::::::::::::::::::::::::
TITLE NAME STREET ADDRESS CITY-ST-ZIP			#44.12\/n2-20602\_ere_20.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CUTY-ST-ZIP		IN -	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filling does not gut on this report is true and accurate and that my signature shall billity company or the receiver or trustee employered to execute the company of the receiver or trustee employered to execute the company of the receiver or trustee employered to execute the company of the receiver or trustee employered to execute the company of the receiver or trustee employered to execute the company of the receiver or trustee employered to execute the company of the company o	ualify for the exemption stated in Section i 19.07(3)(all have the same legal effect as if made under oath ute this report as required by Chapter 608, Florida to the company of the compa	i), Florida Statutes. I further certify that the information ; that I am a managing member or manager of the statutes.

ITED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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