## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 10, 2008 08:00 AN Secretary of State

ANNUAL REPORT				14141 10, 2000 00.0		
DOCUI	MENT # L02000	0029291		Secretary of Sta		
MEYÉRS	FAMILY INVESTMENT	NTS, LLC				
Principal Place	e of Business	Mailing Address	1			
505 KINZIE ISLAND COURT SANIBEL ISLAND, FL 33957 SANIBEL ISLAND, FL 33957						
4 1						
		TE IN TUE COA		03012008No Chg-LLC	CR2E083 (12/07)	
		ITE IN THIS SPA	UE	4. FEI Number 59-3763066	Applied For Not Applicable	
				5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of	Current Registered Agent		A THE STREET	Comments of the second of the second	
505 KINZIE	RONALD G E ISLAND COURT ISLAND, FL 33957			DO NOT W	[base2] [[[[[[ab]]]]] [[[[[ab]]]] [[[ab]]] [[ab]] [[a	
8. The above the obligati	named entity submits this stations of registered agent.	ement for the purpose of changing its register	ed office or register	red agent, or both, in the State of F	lorida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of regis	ered agent and title if applicable (NOTE Register	ed Agent signature required	d when reinstating)	DATE	
	NOW!!! FEE IS \$138. 71, 2008 Fee will be \$		- * * * * * * * * * * * * * * * * * * *	00000 03/26/0	00853614 8-80076-001 138.75	
9.		MEMBERS/MANAGERS			Hat Hat I have the	
TITLE NAME	MGRM MEYERS, RONALD G					
STREET ADDRESS	505 KINZIE ISLAND COL	JRT				
CITY-ST-ZIP	SANIBELL ISLAND, FL	33957				
TITLE NAME						
STREET ADDRESS CITY-ST-ZIP						
TITLE						
NAME Street address				DO NOT V		
CITY - ST - ZIP						
TITLE				IN THIS S	PACE	
NAME STREET ADDRESS				A Part of the Part		
CITY-ST-ZIP						
TITLE						
NAME STREET ADDRESS				Tagan jaka Masi		
CITY-ST-ZIP	144					
TITLE					[2014] · \$2][[14][[2][[2][[2][[2][[2][[2][[2][[2][[2][[	

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 eath; 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

NAME STREET ADDRESS CITY-ST-ZIP

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

5 08

239 472-8948

Daytime Phone #