

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000033168

1. Entity Name

OBJECTIVE VIEWPOINT L.L.C.



Principal Place of Business

**8253 SOUTHWIND BAY CIRCLE
FT. MYERS, FL 33908 US**

Mailing Address

**8253 SOUTHWIND BAY CIRCLE
FT. MYERS, FL 33908 US**



01182005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

16-1684731

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MEYERS, DONALD H
8253 SOUTHWIND BAY CIRCLE
FT. MYERS, FL 33908**

**DO NOT WRITE
IN THIS SPACE**

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

Donald H Meyers

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MEYERS, DONALD H
STREET ADDRESS	8253 SOUTHWIND BAY CIRCLE
CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	MGRM
NAME	PROSPERO, LINDA
STREET ADDRESS	2217 S.E. 2ND TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	MGRM
NAME	SMITH, WILLIAM K
STREET ADDRESS	1409 ANNIE LANE
CITY-ST-ZIP	LIBERTYVILLE, IL 60048
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000202086

01/28/05-80093-017 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

Donald H Meyers

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

1/28/05

Date

239-482-2832

Daytime Phone #