

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90229 015 ****55.00

DOCUMENT # L03000043095					
1. Entity Name MEERSCHAUM LLC					
Principal Place of Business 17081 TIDEWATER LANE FORT MYERS, FL 33908			Mailing Address 17081 TIDEWATER LANE FORT MYERS, FL 33908		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		01142006 Chg-LLC CR2E083 (11/05)
4. FEI Number 73-1685937				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHOENFELD, LOWELL S 1520 ROYAL PALM SQUARE BLVD., SUITE 320 FORT MYERS, FL			Name <u>Schoenfeld, Lowell S.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1380 Royal Palm Square Blvd</u> City <u>Fort Myers</u> FL Zip Code <u>33919</u>		
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 <u>[Signature]</u>		DATE <u>2/24/06</u>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEIBEL, MARIA-LOUISE 17081 TIDEWATER LANE FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 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: <u>Maria Louise Weibel, manager</u> Date <u>Jan 20, 2006</u> Daytime Phone # <u>(484) 239-4475</u>		