


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90190 043 ****55.00

DOCUMENT # L03000056844 1. Entity Name JF MEYERS, GENERAL CONTRACTOR LLC					
Principal Place of Business 251 BRESCIA ST. NE PALM BAY, FL 32907-1910			Mailing Address 251 BRESCIA ST. NE PALM BAY, FL 32907-1910		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3779069	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MEYERS, J.F. 251 BRESCIA ST. NE PALM BAY, FL 32907-1910 <i>PLS. CHANGE SPELLING GRAMM ONLY.</i>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE <u><i>J.F. MEYERS</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u><i>2-9-04</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE MGRM <input type="checkbox"/> Delete NAME MEYERS, JF STREET ADDRESS 251 BRESCIA ST. NE CITY-ST-ZIP PALM BAY, FL 329071910				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>J.F. MEYERS</i></u> <i>2-9-04 (321) 957-4181</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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