

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000052497

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** MEATHE MANAGEMENT ENTERPRISES, LLC

**Current Principal Place of Business:**

1700 FLORIDA MANGO ROAD  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

1700 N FLORIDA MANGO ROAD  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

PO BOX 431  
PALM BEACH, FL 33480

**New Mailing Address:**

1700 N FLORIDA MANGO ROAD  
WEST PALM BEACH, FL 33409

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAKER, DAVID H  
321 ROYAL POINCIANA PLAZA  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

NOWAK, ANTHONY J  
1700 N FLORIDA MANGO ROAD  
WEST PALM BEACH, FL 33409 US

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.

SIGNATURE: ANTHONY J NOWAK

04/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MEATHE, CULLAN F  
Address: 1700 FLORIDA MANGO ROAD  
City-St-Zip: WEST PALM BEACH, FL 33406

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MEATHE, CULLAN F  
Address: 1700 N FLORIDA MANGO ROAD  
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CULLAN F MEATHE

MGR

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date