

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082928

FILED
Jul 05, 2005
Secretary of State

Entity Name: DAVID B. MEGATHLIN, LLC

Current Principal Place of Business:

4006 DORADO DRIVE
PALM BEACH GARDENS, FL 334186509

New Principal Place of Business:

5022 VICTORIA CIRCLE
WEST PALM BEACH, FL 33409

Current Mailing Address:

4006 DORADO DRIVE
PALM BEACH GARDENS, FL 334186509

New Mailing Address:

5022 VICTORIA CIRCLE
WEST PALM BEACH, FL 33409

FEI Number: 59-0461215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MEGATHLIN, DAVID B
4006 DORADO DRIVE
PALM BEACH GARDENS, FL 334186509 US

Name and Address of New Registered Agent:

MEGATHLIN, DAVID B
5022 VICTORIA CIRCLE
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:

07/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MEGATHLIN, DAVID B
Address: 4006 DORADO DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 334186509

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MEGATHLIN, DAVID B
Address: 5022 VICTORIA CIRCLE
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: DAVID MEGATHLIN

MGR

07/05/2005

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