


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000014519</b> 1. Entity Name MYERS FAMILY INVESTMENTS, LLC	
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Principal Place of Business 3340 CRENSHAW LAKE ROAD LUTZ, FL 33548	Mailing Address 3340 CRENSHAW LAKE ROAD LUTZ, FL 33548
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**DO NOT WRITE IN THIS SPACE**



04102008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 51-0535897	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  MYERS, W. PARKINSON 3340 CRENSHAW LAKE ROAD LUTZ, FL 33548
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**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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000902337  
04/30/08-80002-017 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MYERS, W. PARKINSON 3340 CRENSHAW LAKE ROAD LUTZ, FL 33548
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IN THIS SPACE**

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:** W. Parkinson Myers, Mgr. 4/15/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #