

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/8.

**FILED**  
**Jun 14, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90040 023 \*\*\*\*50.00

**DOCUMENT # L05000068409**

1. Entity Name  
**DAVID P. MYERS L.L.C.**



Principal Place of Business  
**825 WEST LINEBAUGH AVENUE  
TAMPA, FL 33612 US**

Mailing Address  
**825 WEST LINEBAUGH AVENUE  
TAMPA, FL 33612 US**

**30010288**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052006

Chg-LLC

CR2E083 (11/05)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWEENEY, TIMOTHY J  
825 WEST LINEBAUGH AVENUE  
TAMPA, FL 33612**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 re-electing)

DATE

**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  
MYERS, DAVID P  
825 WEST LINEBAUGH AVENUE  
TAMPA, FL 33612** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/26/06**

**813-477-2437**