## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000068409**

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



FILED Apr 06, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

825 WEST LINEBAUGH AVENUE TAMPA, FL 33612 US 825 WEST LINEBAUGH AVENUE TAMPA, FL 33612 US



01032007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number		Applied For
	<u> 26-4721455 </u>		Not Applicable
5.	Certificate of Status Desired	\$5.00 Additional Fee Required	

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent.					
SIGNATURE		(NOTE: Registered Agent signature required when reinstating)	DATE		
Fi D	liing Fee is \$50.00 ue by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MYERS, DAVID P 825 WEST LINEBAUGH AVENUE TAMPA, FL 33612				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000693788 04/16/07-80054-001 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·				
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP					
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.					

G MANAGING MEMBER, OR AUTHORIZED REP

8. The above named entity submits this statement for the purpose of changing its registered office or registered great, or both, in the State of Florida, Lam familiar with, and accept