

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000070153

1. Entity Name
MEYER BROS. REALTY LLC



FILED

06 SEP 15 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
8240 SWANN HOLLOW DR.
TAMPA, FL 33647

Mailing Address
8240 SWANN HOLLOW DR.
TAMPA, FL 33647

Handwritten signature/initials

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country Zip Country

09152006 Chg-LLC CR2E083 (11/05)

4. FEI Number ☒ Applied For
Not Applicable

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

MEYER, JOSEPH
8240 SWANN HOLLOW DR.
TAMPA, FL 33647

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by September 15, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME MEYER, JOSEPH
STREET ADDRESS 8240 SWANN HOLLOW DR.
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Change ☐ Addition
NAME 000080043350
STREET ADDRESS 09/21/06--01061--003 **50.00
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME MEYER, MICHAEL L
STREET ADDRESS ~~2416 LANRELL DR.~~
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☒ Change ☐ Addition
NAME 1900 CENTRE POINTE BLVD #76
STREET ADDRESS TALLAHASSEE FL 32308
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME MEYER, MICHAEL L
STREET ADDRESS 1900 CENTRE POINTE BLVD #76
CITY-ST-ZIP TALLAHASSEE FL 32308

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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.

SIGNATURE: *Michael Meyer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/15/06
Date Daytime Phone #