

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L96000000246

1. Entity Name
MSD FAMILY LIMITED COMPANY



Principal Place of Business
1222 DONNA DRIVE
FORT MYERS, FL 33919

Mailing Address
1222 DONNA DRIVE
FORT MYERS, FL 33919



01182004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0653098

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PULS, JAMES M
9211 GRAN PALM CT
RIVERVIEW, FL 33569

**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

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000116821
04/16/04-80080-019 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-----------------------|
| TITLE | MGRM |
| NAME | PULS, HARRIET E. R |
| STREET ADDRESS | 1222 DONNA DR. |
| CITY-ST-ZIP | FT. MYERS, FL 33919 |
| TITLE | MGRM |
| NAME | PULS, JAMES M |
| STREET ADDRESS | 9211 GRAND PALM COURT |
| CITY-ST-ZIP | RIVERVIEW, FL 33569 |
| TITLE | MGRM |
| NAME | PULS, ROBERT R |
| STREET ADDRESS | 1222 DONNA DR. |
| CITY-ST-ZIP | FT. MYERS, FL 33919 |
| TITLE | MGRM |
| NAME | PULS, JOHN L JR. |
| STREET ADDRESS | 1222 DONNA DR. |
| CITY-ST-ZIP | FT. MYERS, FL 33919 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Harriet E. R. Puls
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-13-04 239-936-7706

Date

Daytime Phone #