

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	
DO NOT WRITE IN THIS SPACE		



01182004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0653098	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

U00000116821
 04/16/04-80080-019 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PULS, HARRIET E. R 1222 DONNA DR. FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PULS, JAMES M 9211 GRAND PALM COURT RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PULS, ROBERT R 1222 DONNA DR. FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PULS, JOHN L JR. 1222 DONNA DR. 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. Puls 4-13-04 239-936-7706
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #