2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State
04-12-2005 90012 012 ****50.00

DOCUMENT # L96000000693

1. Entity Name
MEADE REAL PROPERTY HOLDINGS, L.C.

Principal Place of Business	Mailing Address
246 ISLAND CIRCLE SARASOTA, FL 34242	246 ISLAND CIRCLE SARASOTA, FL 34242

20020941

04052005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0680160
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, DANIEL D
246 ISLAND CIRCLE
SARASOTA, FL 34242

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MILLER, DANIEL D
STREET ADDRESS	246 ISLAND CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	MGRM
NAME	MILLER, GEORGE G
STREET ADDRESS	2214 N WASHINGTON BLVD.
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	MGRM
NAME	HRIC, MICHAEL
STREET ADDRESS	2801 FRUITVILLE RD., SUITE 100
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #