

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90727 018 \*\*\*\*50.00

**DOCUMENT #** L97000000831

1. Entity Name  
**MEYVEN, L.C.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>58 N. COLLIER BLVD.</b> Suite, Apt. #, etc. <b>SUITE 1806</b>		3. Mailing Address <b>P.O. BOX 549</b> Suite, Apt. #, etc.	
City & State <b>MARCO ISLAND</b>		City & State <b>MARCO ISLAND FLORIDA</b>	
Zip <b>34 145</b>	Country <b>COLLIER</b>	Zip <b>34 146</b>	Country <b>COLLIER</b>

**B0054633**

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0795056</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**PRICE, R. SCOTT**

Street Address (P.O. Box Number is Not Acceptable)  
**2660 GOLDENGATE PARKWAY**

City  
**NAPLES, FL** Zip Code  
**34 105**

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.

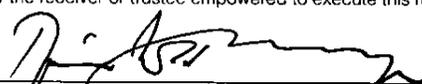
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

	<b>FEE IS \$50.00</b> <b>Make Check Payable to Department of State</b> <b>DUE BY MAY 1</b>	
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9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER MEYER REINHOLD H. 58 N. COLLIER BLVD. SUITE 1806 MARCO ISLAND, FL 34 145</b>	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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_