

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90064 042 ****50.00

DOCUMENT # L98000000928

1. Entity Name

MEYER MUTUAL FUND, L.C.



Principal Place of Business

1601 BELVEDERE ROAD, SUITE 407-SOUTH
WEST PALM BEACH FL 33406

Mailing Address

1601 BELVEDERE ROAD, SUITE 407-SOUTH
WEST PALM BEACH FL 33406

14002357



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0879466

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

MORA, ABRAHAM M
KAYE, SCHOLER, FIERMAN, HAYS & HANDLER LLP
777 S. FLAGLER DRIVE, #1002, WEST TOWER
WEST PALM BEACH FL 33401

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete
NAME ARDENT MANAGEMENT LP
STREET ADDRESS 1601 BELVEDERE ROAD, SUITE 407-SOUTH
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE MGRM ☒ Change ☐ Addition
NAME ARDENT MANAGEMENT LLC
STREET ADDRESS 1601 Belvedere Rd., Suite 407 South
CITY-ST-ZIP West Palm Beach, FL 33406

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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 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:

Gail Asareh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/18/05

Date

561/689-6601

Daytime Phone #