	or before May 1, 1999 or t to a \$ 400.00 LATE FEE		d Liability	Com	pany will be	-	F'1!	-EO
	D LIABILITY COMPANY	Kathe	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State			SECRETARY OF STATE DIVISION OF CORPORATIONS		
F# 1010	DIVISION OF	DIVISION OF CORPORATIONS			99 APR -2 PM 1:44			
\$ 188						ļ		
Name of Limi	T # 1980	# L98000003493						
MEYER DEVELOPMENT, LLC					1	1a. Principal Place of Business Address		
1601 BELVEDERE ROAD, SUITE WEST PALM BEACH FL 33406				S		1601 BELVEDERE ROAD, SUITE 4 WEST PALM BEACH FL 33406		
2 Principal Place of Business 2a. Ma			ling Address			3. Date Organized	or Qualified	3a. State of Formation
						12/31/19	98	FL
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. FEI Number		Applied For
City & Sta	te	City & State				65-08	7984	Not Applicable
Zip	Country	Zip		Count	у	5. Date of Last Re	port	6. Certificate of Status Desired S8 75 Additional Fee Required
	7. Name and Address of Current	Registere	d Agent		8. N	Name and Address	of New Regis	stered AgenVOffice
its register	ant to the provisions of Sections 608.416 red office or registered agent, or both, in the red agent, and accept the obligations.	State of Fi	orida. Such changi	e was a	uthorized by affirmati	live vote of a majority o		
10. Title Managing Mambers/Managers Business Street Address							City	State and Zip Code
	MEYER, ARTHUR	1601 BI			D, SUITE		PALM BEACH FL	
						80	(HCHC) 2 04/1 ****	e:6:420176: 6/9901072007 188.75 ****188.75
11. Ido hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 1 19.07(3) (i). Florida Statutes. If urther certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.								
SIGN	ATURE:	16	lr.					
SIGNATURI AND TYPE CORPORIDA STAME OF SIGNEDS MANAGRISS MEMBER OR MANAGER DO BARROR PROCER								