2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L9900002052

1. Entity Name **GEYÉR LLC**

Principal Place of Business 1800 BAY ROAD SARASOTA, FL 34239

Mailing Address 1800 BAY ROAD SARASOTA, FL 34239

FILED Feb 01, 2007 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

URE: Robert W. Gever, Mg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01292007 No Chg-LLC CR2E083 (11/05)

4. FEI Number		Applied For
65-0949281		Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Req	Additional uired

5. Name and Address of Current Registered Agent

MCLAUGHLIN, THOMAS J 200 S. ORANGE AVE SARASOTA, FL 34236

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the obligat	ions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE
Fi Do	iling Fee is \$50.00 ue by May 1, 2007	U00000616242 02/07/07-80020-018 50.00
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GEYER, ROBERT W 1800 BAY ROAD SARASOTA, FL 34239	· - · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature subility company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am a managing member or manager of the ecute this report as required by Chapter 608, Florida Statutes.

Mgr

1/29/07

941-366-7800 Daytime Phone #