


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000004407 1. Entity Name MEYER EXTENDED FAMILY REAL ESTATE, L.L.C.	
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Principal Place of Business
**C/O DAVID MEYER
1205 SANDRA LN
MONTICELLO, IL 61856**

Mailing Address
**C/O DAVID MEYER
1205 SANDRA LN
MONTICELLO, IL 61856**



01092004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4329570	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ASCHENBRENNER, RICHARD W ESQ
901 PONCE DE LEON BLVD., PENTHOUSE SUITE
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

B. 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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEYER, DAVID 1205 SANDRA LANE MONTICELLO, IL 61856
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01/15/04-80009-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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

1/10/04

Date

**217-~~341~~
352-5318**

Daytime Phone #