

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 15, 2008 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
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DO NOT WRITE IN THIS SPACE



01122008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 36-4329570	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ASCHENBRENNER, RICHARD W ESQ 901 PONCE DE LEON BLVD., PENTHOUSE SUITE CORAL GABLES, FL 33134
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEYER, DAVID 1205 SANDRA LANE MONTICELLO, IL 61856
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01/16/08-80080-008 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____ **1/12/08** **217-352-5318**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #