

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004676**

1. Entity Name
DAVID P. MYERS REAL ESTATE, L.L.C.

Principal Place of Business
**825 W. LINEBAUGH AVENUE
TAMPA FL 33612**

Mailing Address
**825 W. LINEBAUGH AVENUE
TAMPA FL 33612**

FILED

2001 MAY 10 AM 10:53



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number **26-4727455** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**MYERS, DAVID P
825 W. LINEBAUGH AVENUE
TAMPA FL 33612**

7. Name and Address of New Registered Agent
Name **Timothy J. Sweeney, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
825 W. Linebaugh Avenue
City **Tampa** FL Zip Code **33612**

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.

SIGNATURE *David Myers* For **David P. Myers Real Estate, LLC** 11/10/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Timothy J. Sweeney
FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
000004418850--6
-06/14/01--01006--019
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYERS, DAVID P 825 W. LINEBAUGH AVENUE TAMPA FL 33612 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *David Myers* **REQUIRED** 3/22/01 813-931-5560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

7001: 3-2 AF

CR2E083 (11/00)