## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L9900004676

1. Entity Name

DAVID P. MYERS REAL ESTATE, L.L.C.



**FILED** Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90121 008 \*\*\*\*50.00

Principal Plac						
	e of Business	Mailing Address				
825 W. LINEBAUGH AVENUE TAMPA FL 33612		825 W. LINEBAUGH AVEN TAMPA FL 33612	IUE		<b> </b>	ance dice iddi
2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & Stat	e	City & State		4. FEI Number 26-4727455	Ap	oplied For
				20 1121 100		ot Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Add	ditional
	6. Name and Address of Curre	ent Registered Agent	Nome	7. Name and Address of New Regist	ered Agent	
SWEENEY, TIMOTHY J ESQ 825 W. LINEBAUGH AVENUE TAMPA FL 33612			Name Street Address	Street Address (P.O. Box Number is Not Acceptable)		
IAN	IFA FL 33012		City		FL Zip Cod	e
	named entity submits this statemer ions of registered agent.	nt for the purpose of changing it	ts registered office or registe	ered agent, or both, in the State of Florida.	I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NC	TE: Registered Agent signature requir	red when reinstating)	DATE	i
		Make Check Payal	IOW!!! FEE IS \$50.00 ble to Florida Departm ue By May 1, 2003	ent of State		
9.		MBERS/MANAGERS	10.	ADDITIONS/CHA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYERS, DAVID P 825 W. LINEBAUGH AVENUE TAMPA FL 33612	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE			CIFT-SI-ZIP			
NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	e Company of the same	ين د ادن مدهمها	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change	☐ Addition

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: