

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90030 008 ****55.00

DOCUMENT # M01000000805

1. Entity Name
METEOR, L.L.C.



Principal Place of Business
**211 S. WALNUT ST.
MUNCIE, IN 47305**

Mailing Address
**211 S. WALNUT ST.
MUNCIE, IN 47305**

24003119



01062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2124706

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALLARDT JR, JOSEPH E
7150 ESTERO BLVD., #501
FT. MYERS BEACH, FL 33931**

**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

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 ALLARDT, BRIAN L 211 S. WALNUT ST. MUNCIE, IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLARDT JR, JOSEPH E 7150 ESTERO BLVD., #501 211 S. WALNUT ST FT MYERS BEACH, FL MUNCIE IN 47305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLARDT, JOSEPH E III 211 S. WALNUT ST. MUNCIE, IN 47305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STROMBLICK, JACK STROMBECK 211 S. WALNUT ST. MUNCIE, IN 47305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

1/14/04

Date

765-288-8493

Daytime Phone #