

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 AM
Secretary of State



DOCUMENT # L05000020970

1. Entity Name
MECCA-RYAN II, L.C.

Principal Place of Business Mailing Address
7965 LANTANA ROAD P.O. BOX 540669
LAKE WORTH FL 33467 LAKE WORTH FL 33454



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-1245557 Not Applicable

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

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARY SMIGIEL, L.C.
7965 LANTANA ROAD
LAKE WORTH FL 33467

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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's signature required when reissuing) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MGRM GARY SMIGIEL, L.C. P.O. BOX 540669 LAKE WORTH FL 33454	<input type="checkbox"/>		
	MGRM TROPICAL LAND DESIGN INC. P.O. BOX 541779 LAKE WORTH FL 33454	<input type="checkbox"/>		
	MGRM RYAN INCORPORATED SOUTHERN 786 S. MILITARY TRAIL DEERFIELD BEACH FL 33442	<input type="checkbox"/>		
	MGRM SABARA, LLC 2255 GLADES ROAD, SUITE 218-A BOCA RATON FL 33467	<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		

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05/02/07-80067-007 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Handwritten Signature]* 4/20/07 219683205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #