


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90015 047 \*\*\*\*50.00

<b>DOCUMENT # L05000037936</b>			
1. Entity Name <b>MEIDE PROPERTIES, LLC</b>			
Principal Place of Business <b>1016 MARTINIQUE ROAD JACKSONVILLE, FL 32216</b>		Mailing Address <b>1016 MARTINIQUE ROAD JACKSONVILLE, FL 32216</b>	
2. Principal Place of Business <i>1016 Martinique Rd</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Jacksonville, FL</i>		City & State	
Zip <i>32216</i>		Country <i>USA</i>	
4. FEI Number <i>20-273750</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MEIDE, ABRAHAM JR</b> <b>1016 MARTINIQUE ROAD</b> <b>JACKSONVILLE, FL 32216</b>		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 <i>Abraham Meide Jr</i>		DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<i>Abraham Meide Jr</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Abraham Meide Jr</i>	NAME	
STREET ADDRESS	<i>1016 Martinique Rd</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Jax, FL 32216</i>	CITY-ST-ZIP	
TITLE	<i>Member manager</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Patricia A. Meide</i>	NAME	
STREET ADDRESS	<i>1016 Martinique Rd</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Jax, FL 32216</i>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Abraham Meide Jr</i>		<i>4/12/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	