

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102242

Entity Name: MELODY JANE MUSIC, LLC

FILED  
Jan 15, 2009  
Secretary of State

**Current Principal Place of Business:**

432 SAN FERNANDO DRIVE  
PALM SPRINGS, FL 33461 US

**New Principal Place of Business:**

**Current Mailing Address:**

432 SAN FERNANDO DRIVE  
PALM SPRINGS, FL 33461 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROEBUCK, MELODY  
432 SAN FERNANDO DRIVE  
PALM SPRINGS, FL 33461 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROEBUCK, MELODY  
Address: 432 SAN FERNANDO DRIVE  
City-St-Zip: PALM SPRINGS, FL 33461 US

Title: MGRM ( ) Delete  
Name: KONCHIS, VALERIE  
Address: 432 SAN FERNANDO DRIVE  
City-St-Zip: PALM SPRINGS, FL 33461 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VALERIE J KONCHIS                      MGRM                      01/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date