


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000116875	
1. Entity Name MEME ENTERPRISES, LLC	

Principal Place of Business 18255 S.W. 262ND STREET HOMESTEAD, FL 33031	Mailing Address 18255 S.W. 262ND STREET HOMESTEAD, FL 33031
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DO NOT WRITE IN THIS SPACE



02172007 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EISENBERG, MICHAEL J
18255 S.W. 262ND STREET
HOMESTEAD, FL 33031

**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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EISENBERG, MICHAEL 18255 SW 262 ST HOMESTEAD, FL 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EISENBERG, MARGIE 18255 SW 262 ST HOMESTEAD, FL 33031
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04/18/07-80040-015 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  **4/4/07 (305) 245-1692**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #