


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 FEB 14 AM 11:16

DOCUMENT # A05000000573		
1. Entity Name MELIS, LLLP		

Principal Place of Business 2234 COLONIAL BLVD FORT MYERS, FL 33907 US	Mailing Address 2234 COLONIAL BLVD FORT MYERS, FL 33907 US
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2. Principal Place of Business 13241 Ponderosa Way Suite, Apt. #, etc.	3. Mailing Address 13241 Ponderosa Way Suite, Apt. #, etc.
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City & State Ft Myers, FL Zip 33907	Country US	City & State Ft Myers, FL Zip 33907	Country US
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01252006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-2727785	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 1395 PANTHER LANE SUITE:300 NAPLES, FL 34109	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

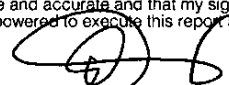
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L05000027086 CHEDA LLC 2234 COLONIAL BLVD FORT MYERS, FL 34109	STREET ADDRESS CITY-ST-ZIP	13241 Ponderosa Way Ft Myers, FL 33907
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **2/6/06** **239-433-0417**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE