

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # A05000001559**

1. Entity Name  
**MEREME, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 APR 24 AM 8:55

Principal Place of Business  
**18255 S.W. 262ND STREET  
HOMESTEAD, FL 33031**

Mailing Address  
**18255 S.W. 262ND STREET  
HOMESTEAD, FL 33031**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082006

Chg-LP

CR2E003 (11/05)

4. FEI Number

**20-3290725**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

DATE

**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 # **P05000109248**  
NAME **MEME ENTERPRISES, INC.**  
STREET ADDRESS **18255 S.W. 262ND STREET**  
CITY-ST-ZIP **HOMESTEAD, FL 33031**

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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:**

**MICHAEL J. EISENBERG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

**4/11/06**

Daytime Phone #

**(305) 245-1692**

STAPLE CHECK HERE