2004 LIMITED PARTNERSHIP ANNUAL REPORT FILED **Due By May 1, 2004 DOCUMENT # A96000001452** 04 MAY 17 PH 1:33 MEL-RE DEVELOPMENT, LTD. DECRIPANT LOGIATE TÁLLAHASSEE FLORI**DA** Principal Place of Business Mailing Address 15051 S. TAMIAMI TRAIL, SUITE 203 15051 S. TAMIAMI TRAIL, SUITE 203 FT. MYERS, FL 33908; FT. MYERS, FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 Chg-LP CR2E003 (10/03) 6 4. FEI Number Applied Fo City & State City & State 65-0653713 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required ... and Address of New Registered Agent 6. Name and Address of Current Registered Agent-COSTELLO, TRUMAN J 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907 8. The above named entity submits this statement for the purpose of changing its registered office or registered ager, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. DATE 9. Capital Contributions \$1,050,000.00 10. Amount of Capital Contributions in FLORIDA to date. 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION P96000020293 DOCHMENT # STREET ADDRESS MEL-RE DEVELOPMENT, INC. NAME STREET ADDRESS 15051 S. TAMIAMI TRAIL, SUITE 203 CITY-ST-7IP CITY-ST-ZIP FT. MYERS, FL 33908 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 500037868325 06/11/04_01010_035_*** CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STAFFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITA ST-ZIF

ereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

ATURE AND TYPES OR PRINTED NAME OF FIGNING GENERAL PARTNER

the receiver or trustee empower

SIGNATURE:



FEI Number

Division of Corporations

Annual Report

Page 1

Document Number A96000001452 Business Entity Name MEL-RE DEVELOPMENT

650653713

OR H,
, LTD.
t Applicable
ness , SUITE 203 , FL
, SUITE 203 , FL
red Agent
, FL

	FEI Numb	er Status	O Applied For O	Not Applicable	
	Certificate	of Status Desi	ired O Yes O No	\$8.75 each	
		Pri	ncipal Place of Bu	ısiness	
	Addres	s	15051 S. TAMIAMI TF	RAIL, SUITE 203	
	Suite, A	.pt. #, etc.			
	City, St	ate	FT. MYERS	, FL	
•	Zip Coo	le & Country	33908		
	:	_	Mailing Addres	S	
	Address	; [15051 S. TAMIAMI TE	RAIL, SUITE 203	
	Suite, A	.pt. #, etc.			
	City, St	ate [FT. MYERS	FL	
	Zip Coo	le & Country	33908	•	
	a	*.			
	· ·	Name And	d Address of Regi	stered Agent	
	Name (Last, First, I	Aiddle, Title)		, ,	
-or- RA Business Name			Garvin & Tripp PA		
	Address		P.O. Drawer 2040		
	Suite, Apt. #, etc.				
City, State			FORT MYERS	, FL	
	Zip Code & Country	y [33902 US		*
				•	

If Registered Agent (RA) is changed, the new RA/must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

Registered Agent Signature Theodore L Tripp, Jr