

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT# L01000009308**

1. Entity Name  
**MELTON RANCH L.L.C.**



Principal Place of Business

**4875 NORTH FEDERAL HIGHWAY 7TH FLOOR  
FT. LAUDERDALE, FL 33308**

Mailing Address

**4875 NORTH FEDERAL HIGHWAY 7TH FLOOR  
FT. LAUDERDALE, FL 33308**



04022008 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1115043**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROSENBERG, ARTHUR R  
4875 NORTH FEDERAL HIGHWAY 7TH FLOOR  
FT. LAUDERDALE, FL 33308**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
FEISS, JOEL S  
4875 NORTH FEDERAL HIGHWAY 7TH FLOOR  
FT. LAUDERDALE, FL 33308**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
FEISS, PEARL  
4875 NORTH FEDERAL HIGHWAY 7TH FLOOR  
FT. LAUDERDALE, FL 33308**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY- ST- ZIP

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04/26/06-80117-018 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:**

*Joel Feiss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

4/12/06

Daytime Phone #

904 474 2228