


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90151 007 \*\*\*\*50.00

<b>DOCUMENT #</b> L02000012083	
<b>1. Entity Name</b> MEP HOLDINGS, LLC	

<b>Principal Place of Business</b> 10520 NW 26TH STREET SUITE C-201 MIAMI, FL 33172	<b>Mailing Address</b> 10520 NW 26TH STREET SUITE C-201 MIAMI, FL 33172
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<b>2. Principal Place of Business - No P.O. Box #</b> 10520 NW 26 St.	<b>3. Mailing Address</b> 10520 NW 26 St.
Suite, Apt. #, etc. C 201	Suite, Apt. #, etc. C 201

<b>City &amp; State</b> Doral, FL	<b>City &amp; State</b> Doral, FL
<b>Zip</b> 33172	<b>Zip</b> 33172
<b>Country</b> U.S.A.	<b>Country</b> U.S.A.

00010001

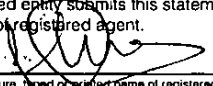


02202007 Chg-LLC CR2E083 (12/06)

<b>4. FEI Number</b> 81-0567801	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> CABANAS, JOSE E 10520 NW 26TH STREET SUITE C-201 MIAMI, FL 33172	<b>7. Name and Address of New Registered Agent</b> Name: Cabanas, Jose E. Street Address (P.O. Box Number is Not Acceptable): 10520 NW 26 St. - C 201 City: Doral FL Zip Code: 33172
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<b>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.</b>	
<b>SIGNATURE</b>  Signature, typed or printed name of registered agent and title if applicable.	<b>DATE</b> 02/19/07 (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> MGR	<input type="checkbox"/> Delete	<b>TITLE</b> MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> PARDO, MARIA E		<b>NAME</b> Pardo, Maria E.	
<b>STREET ADDRESS</b> 10520 N.W. 26 STREET, SUITE C-201		<b>STREET ADDRESS</b> 10520 NW 26 St. - C 201	
<b>CITY-ST-ZIP</b> MIAMI, FL 33131		<b>CITY-ST-ZIP</b> Doral, FL 33172	
<b>TITLE</b> MGR	<input type="checkbox"/> Delete	<b>TITLE</b> MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> CABANAS, JOSE E.		<b>NAME</b> Cabanas, Jose E.	
<b>STREET ADDRESS</b> 10520 NW 26 St. - C 201		<b>STREET ADDRESS</b> 10520 NW 26 St. - C 201	
<b>CITY-ST-ZIP</b> Doral, FL 33172		<b>CITY-ST-ZIP</b> Doral, FL 33172	
<b>TITLE</b> MGR	<input type="checkbox"/> Delete	<b>TITLE</b> MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> CABANAS, JOSE E.		<b>NAME</b> Cabanas, Jose E.	
<b>STREET ADDRESS</b> 10520 NW 26 St. - C 201		<b>STREET ADDRESS</b> 10520 NW 26 St. - C 201	
<b>CITY-ST-ZIP</b> Doral, FL 33172		<b>CITY-ST-ZIP</b> Doral, FL 33172	
<b>TITLE</b> MGR	<input type="checkbox"/> Delete	<b>TITLE</b> MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> CABANAS, JOSE E.		<b>NAME</b> Cabanas, Jose E.	
<b>STREET ADDRESS</b> 10520 NW 26 St. - C 201		<b>STREET ADDRESS</b> 10520 NW 26 St. - C 201	
<b>CITY-ST-ZIP</b> Doral, FL 33172		<b>CITY-ST-ZIP</b> Doral, FL 33172	
<b>TITLE</b> MGR	<input type="checkbox"/> Delete	<b>TITLE</b> MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> CABANAS, JOSE E.		<b>NAME</b> Cabanas, Jose E.	
<b>STREET ADDRESS</b> 10520 NW 26 St. - C 201		<b>STREET ADDRESS</b> 10520 NW 26 St. - C 201	
<b>CITY-ST-ZIP</b> Doral, FL 33172		<b>CITY-ST-ZIP</b> Doral, FL 33172	

**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.**

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	<b>DATE</b> 02/19/07	<b>DAYTIME PHONE #</b> (305) 513 3639
Jose E. Cabanas		