


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000026632	
1. Entity Name MECCA IV, L.L.C.	

Principal Place of Business 1591 S.E. PORT ST. LUCIE BLVD./SUITE A PORT ST. LUCIE, FL 34952	Mailing Address 1591 S.E. PORT ST. LUCIE BLVD./SUITE A PORT ST. LUCIE, FL 34952
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04142005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0526748	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

SOPKO, JAMES
853 S.E. MONTEREY COMMONS BLVD.
STUART, FL 34995

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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 _____ Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when resigning) **DATE** _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MECCA, JACK A 1591 S.E. PORT ST. LUCIE BLVD./SUITE A PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MECCA, MARY C 1591 S.E. PORT ST. LUCIE BLVD./SUITE A PORT ST. LUCIE, FL 34952
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11. I hereby 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 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: *Mary C Mecca, Mary C Mecca* **4/14/05** **772 335-4660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #