

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028747

FILED
Feb 06, 2007
Secretary of State

Entity Name: ME-K, LLC

Current Principal Place of Business:

1401 LAKE AVE
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

17773 BRIAR PATCH TRAIL
BOCA RATON, FL 33487 US

New Mailing Address:

2171 SW 27 LANE
FORT LAUDERDALE, FL 33312 US

FEI Number: 03-0525340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATHY NALVEN, P.A.
17773 BRIAR PATCH TRAIL
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

KATHY NALVEN, P.A.
2171 SW 27 LANE
FORT LAUDERDALE, FL 33312 US

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.

SIGNATURE: MATTHEW EICHMAN

02/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NALVEN, KATHY SR
Address: 17773 BRIAR PATCH TRIAL
City-St-Zip: BOCA RATON, FL 33487

Title: MGR () Delete
Name: EICHMAN, MATTHEW JR
Address: 303 GLEASON ST # 9
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NALVEN, KATHY SR
Address: 2171 SW 27 LANE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGR (X) Change () Addition
Name: EICHMAN, MATTHEW JR
Address: 255 NE 2ND AVE # 450
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MATTHEW EICHMAN

MGR

02/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date