2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000022842

1. Entity Name
MECA LLC

Principal Place of Business	Mailing Address
13451 SW AIRPORT ROAD CEDAR KEY, FL 32625	13451 SW AIRPORT ROAD CEDAR KEY, FL 32625

DO NOT WRITE IN THIS SPACE

03152006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1094652

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MAGURAN, MARY E
13451 SW AIRPORT ROAD
CEDAR KEY, FL 32625

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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KELLIN, CAROL ANNE
STREET ADDRESS	P.O. BOX 535
CITY-ST-ZIP	CEDAR KEY, FL 32625
TITLE	MGRM
NAME	KELLIN, THOMAS W
STREET ADDRESS	P.O. BOX 535
CITY-ST-ZIP	CEDAR KEY, FL 32625
TITLE	MGRM
NAME	MAGURAN, MARY E
STREET ADDRESS	13451 SW AIRPORT ROAD
CITY-ST-ZIP	CEDAR KEY, FL 32625
TITLE	MGRM
NAME	MAGURAN, THOMAS M
STREET ADDRESS	13451 SW AIRPORT ROAD
CITY-ST-ZIP	CEDAR KEY, FL 32625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000517347
05/01/06-80041-010 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 605, Florida Statutes.

SIGNATURE: Mary E. Maguran MARY E. MAGURAN 4-17-06 (352) 543-9119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #