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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUL -8 AM 10:56

DOCUMENT # L04000035567

1. Entity Name
MELMAR MANAGEMENT, L.L.C.

Principal Place of Business
1191 E. NEWPORT CENTER DRIVE, STE 103
DEERFIELD BEACH, FL 33442

Mailing Address
1191 E. NEWPORT CENTER DRIVE, STE 103
DEERFIELD BEACH, FL 33442

02232005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
WE'VE MOVED	WE'VE MOVED
Suite, Apt. #, etc. NEW ADDRESS: 1660 NW 19th Ave.	Suite, Apt. #, etc. NEW ADDRESS: 1660 NW 19th Ave.
City & State Pompano Beach, FL 33069	City & State Pompano Beach, FL 33069
Zip / Country	Zip / Country

4. FEI Number 20-1100507 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARZANO, DOMINICK SR
1191 E NEWPORT CENTER DRIVE, SUITE 103
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name WE'VE MOVED
Street Address (P.O. Box Not Acceptable) NEW ADDRESS:
~~1660 NW 19th Ave.~~
City ~~Pompano Beach, FL 33069~~ FL Zip Code

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MARZANO, DOMINICK SR 1191 E NEWPORT CENTER DRIVE, STE 103 DEERFIELD BEACH, FL 33442 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WE'VE MOVED NEW ADDRESS: 1660 NW 19th Ave. ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pompano Beach, FL 33069 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Jammell Clwyns 3.1.05 954 547 9803

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