

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036316

Entity Name: MELSTREAM SYSTEMS, LLC

FILED  
Feb 16, 2007  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 366068  
BONITA SPRINGS, FL 34136

## New Principal Place of Business:

24600 S. TAMIAMI TRAIL  
UNITS 212-323  
BONITA SPRINGS, FL 34134

## Current Mailing Address:

P.O. BOX 366068  
BONITA SPRINGS, FL 34136

## New Mailing Address:

24600 S. TAMIAMI TRAIL  
UNITS 212-323  
BONITA SPRINGS, FL 34134

FEI Number: 73-1710620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIERTS, MICHAEL  
25571 FENNER CIR  
BONITA SPRINGS, FL 34135 US

## Name and Address of New Registered Agent:

SIERTS, MICHAEL  
24600 S. TAMIAMI TRAIL  
UNITS 212-323  
BONITA SPRINGS, FL 34134 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: MICHAEL SIERTS

02/16/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SIERTS, MICHAEL  
Address: 25571 FENNER CIR.  
City-St-Zip: BONITA SPRINGS, FL 34135

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SIERTS, MICHAEL  
Address: 24600 S. TAMIAMI TRAIL, UNITS 212-323  
City-St-Zip: BONITA SPRINGS, FL 34134

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: MICHAEL SIERTS

MGR

02/16/2007

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