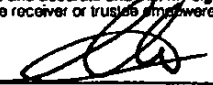


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

01-18-2005 90180 023 ****50.00

DOCUMENT # L04000040693					
1. Entity Name MEP INVESTMENT GROUP, L.L.C.					
Principal Place of Business 623 EAST TARPON AVENUE TARPON SPRINGS, FL 34689			Mailing Address 623 EAST TARPON AVENUE TARPON SPRINGS, FL 34689		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 36-2462596	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KOUSKOUTIS, N. MICHAEL 623 EAST TARPON AVENUE TARPON SPRINGS, FL 34689			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition		
		MANAGER - MEM BR N. MICHAEL KOUSKOUTIS 90 623 E. TARPON AVE TARPON SPRINGS FL 34689			
		MANAGER - MEM BR EMMANUEL CHRYSAKIS 610 623 E. TARPON AVE TARPON SPRINGS FL 34689			
		MANAGER - MEM BR PHIL CHRYSAKIS 610 623 E. TARPON AVE TARPON SPRINGS FL 34689			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		MANAGER		1/12/05 727 942-3631	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30000375



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