

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040693

Entity Name: MEP INVESTMENT GROUP, L.L.C.

FILED
Jan 31, 2008
Secretary of State

Current Principal Place of Business:

623 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

623 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 56-2462596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOUSKOUTIS, N. MICHAEL
623 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOUSKOUTIS, N. MICHAEL
Address: C/O 623 EAST TARPON AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM () Delete
Name: CHRYSAKIS, EMMANUAL
Address: C/O 623 EAST TARPON AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM () Delete
Name: CHRYSAKIS, PHIL
Address: C/O 623 EAST TARPON AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: N. MICHAEL KOUSKOUTIS

MGR

01/31/2008

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