2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# L04000040693

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

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 02/18/2009

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