

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 28, 2007
Secretary of State**

DOCUMENT# L04000059514

Entity Name: MEAZZELLE M. POST, LLC

Current Principal Place of Business:

1107 CRAIG COURT
ST. CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

1107 CRAIG COURT
ST. CLOUD, FL 34772

New Mailing Address:

FEI Number: 06-1733592 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POST, MEAZZELLE M
1107 CRAIG COURT
ST. CLOUD, FL 34772 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: POST, MEAZZELLE M
Address: 1107 CRAIG COURT
City-St-Zip: ST CLOUD, FL 34772

Title: MGRM () Delete
Name: POST, MEAZZELLE M
Address: 1107 CRAIG CT
City-St-Zip: ST CLOUD, FL 34772

Title: MGRM () Delete
Name: POST, MEAZZELLE M
Address: 1107 CRAIG CT
City-St-Zip: ST CLOUD, FL 34772

Title: MGRM () Delete
Name: POST, MEAZZELLE M
Address: 1107 CRAIG CT
City-St-Zip: ST CLOUD, FL 34772

Title: MGRM () Delete
Name: POST, MEAZZELLE M
Address: 1107 CRAIG CT
City-St-Zip: ST CLOUD, FL 34772

Title: MGRM () Delete
Name: POST, MEAZZELLE M
Address: 1107 CRAIG CT
City-St-Zip: ST CLOUD, FL 34772

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:

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: MEAZZELLE M POST

MGMR

04/28/2007

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