2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078491

Entity Name: MEL BEACH LLC

Address:

City-St-Zip:

103 NE 12TH STREET

DELRAY BEACH, FL 33444

FILED Mar 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 522 N LAKESIDE DR LAKE WORTH, FL 33460 **Current Mailing Address: New Mailing Address:** 522 N LAKESIDE DR LAKE WORTH, FL 33460 FEI Number: 20-1823302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RING, ERIK 522 N LAKESIDE DR LAKE WORTH, FL 33460 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete RING, ERIK M Name: Name: Address: 522 N LAKESIDE DR Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: Title: MGRM Title: () Delete () Change () Addition Name: RING, SUSAN Name: Address: 522 N LAKESIDE DR Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ALLOCCO, MARC T Name: Name: 103 NE 12TH STREET Address: Address: City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: ALLOCCO, CHERAN Name:

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.

Address:

City-St-Zip:

SIGNATURE: ERIK RING MGR 03/27/2007