2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED Jan 12, 2007 08:00 AM Secretary of State

			-
DOCUMENT # L	0400008	1356	

1. Entity Name
MEI'S INVESTMENT, LLC



Principal Place of Business

Mailing Address

12363 88TH PLACE NORTH WEST PALM BEACH, FL 33412 12363 88TH PLACE NORTH WEST PALM BEACH, FL 33412



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Applied For	
20-1865341	 Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

MEI, RONG Z 12363 88TH PLACE NORTH WEST PALM BEACH, FL 33412

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the obligat	ions of registered agent.		·
SIGNATURE			
	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEI, RONG Z 12363 88TH PLACE NORTH WEST PALM BEACH, FL 33412	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEI, FENG M 12363 88TH PLACE NORTH WEST PALM BEACH, FL 33412		U00000584880 01/12/07-80054-018 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE MAME STREET ADDRESS CITY-ST-JIP		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited has	certify that the information supplied with this filing does not on this report is true and accurate and that my signature stability company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver of the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company of the receiver of the company of the compa	qualify for the exemptions contained in Chapter 1 all have the same legal effect as if made under coute this report as required by Chapter 608, Floric	 Florida Statutes 1 further certify that the information ath, that I am a managing member or manager of the la Statutes.

MANAGOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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