

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

2/ **FILED**
Apr 27, 2006 8:00 am
Secretary of State

02-27-2006 90432 006 ****50.00

DOCUMENT # L04000086494

1. Entity Name
METTA MANAGEMENT, LLC



Principal Place of Business
**C/O ADAMS & ADAMS, P.A.
540 BILTMORE WAY
CORAL GABLES, FL 33134**

Mailing Address
**C/O ADAMS & ADAMS, P.A.
540 BILTMORE WAY
CORAL GABLES, FL 33134**

30006281



01032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1849072

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ADAMS, JOHN C ESQ.
C/O ADAMS & ADAMS, P.A.
540 BILTMORE WAY
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILDEBRAND, DAVID 540 BILTMORE WAY CORAL GABLES, FL 33134
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 member or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: *David Hildebrand* *4/23/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #