

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000093132

1. Entity Name
MELBOURNE MELON GROUP, LLC



Principal Place of Business
**4670 LIPSCOMB STREET NE
SUITE 7
PALM BAY, FL 32905**

Mailing Address
**4670 LIPSCOMB STREET NE
SUITE 7
PALM BAY, FL 32905**



07172006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0775591

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WARD, MICHAEL J
4670 LIPSCOMB STREET NE
SUITE 7
PALM BAY, FL 32905**

**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: Michael J. Ward Pres.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/21/06
DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WARD, MICHAEL J
STREET ADDRESS	4670 LIPSCOMB STREET NE STE.7
CITY-ST-ZIP	PALM BAY, FL 32905

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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U00000575484
08/29/06-80004-003 50.00

**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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

8/21/06 321-674-9902
Date Time Phone #