2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000093132

Entity Name
 MELBOURNE MELON GROUP, LLC



Principal Place of Business

Mailing Address

4670 LIPSCOMB STREET NE

SUITE 7 PALM BAY, FL 32905 4670 LIPSCOMB STREET NE SUITE 7

PALM BAY, FL 32905

01112008 No Chg-LLC

CR2E083 (12/07)

Fee Regulred

FILED

Apr 11, 2008 08:00 Al Secretary of State

4. FEI Number
76-0775591
Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

...

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

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

SIGNATURE:

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 Fiorida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature, typed or pointed name of registered agent and title if applicable. (NOTE: Registered			Agent signature required when reinstating)	DATE
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARD, MICHAEL J 4670 LIPSCOMB STREET NE STE.7 PALM BAY, FL 32905			U00000892561 04/23/08-80068-010 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·.	
11. I hereby certify that the information supplied with this filling 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				