

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093132

FILED
May 01, 2009
Secretary of State

Entity Name: MELBOURNE MELON GROUP, LLC

Current Principal Place of Business:

4670 LIPSCOMB STREET NE
SUITE 7
PALM BAY, FL 32905

New Principal Place of Business:

3362 LOIS LANE
WEST MELBOURNE, FL 32904

Current Mailing Address:

4670 LIPSCOMB STREET NE
SUITE 7
PALM BAY, FL 32905

New Mailing Address:

3362 LOIS LANE
WEST MELBOURNE, FL 32904

FEI Number: 76-0775591 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WARD, MICHAEL J
3362 LOIS LANE
WEST MELBOURNE, FL 32904 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:

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WARD, MICHAEL J
Address: 4670 LIPSCOMB STREET NE STE.7
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WARD, MICHAEL J
Address: 3362 LOIS LANE
City-St-Zip: WEST MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MICHAEL J. WARD

PRES

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date