
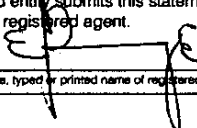
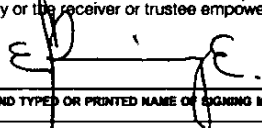


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90261 017 \*\*\*\*50.00

<b>DOCUMENT # L04000093996</b> 1. Entity Name <b>MEPP HOLDINGS, L.L.C.</b>					
Principal Place of Business <b>8323 N.W. 12TH STREET, SUITE 104 MIAMI, FL 32126</b>			Mailing Address <b>8323 N.W. 12TH STREET, SUITE 104 MIAMI, FL 32126</b>		
2. Principal Place of Business <b>1300 NW 84 Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>1300 NW 84 Avenue.</b> Suite, Apt. #, etc.			
City & State <b>DORAL, FL</b>		City & State <b>DORAL, FL</b>		4. FEI Number <b>20-2118689</b>	
Zip <b>33126</b> Country <b>USA</b>		Zip <b>33126</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PEREZ, EDGARDO 8323 N.W. 12TH STREET, SUITE 104 MIAMI, FL 32126</b>			7. Name and Address of New Registered Agent Name <b>PEREZ, EDGARDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>1300 NW 84 AVENUE</b> City <b>DORAL</b> <b>FL</b> Zip Code <b>33126</b>		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASCUAL, MARIO 8323 N.W. 12TH STREET, SUITE 104 MIAMI, FL 32126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEREZ, EDGARDO 8323 N.W. 12TH STREET, SUITE 104 MIAMI, FL 32126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 			03-17-06 305-592-1363 <small>Date Daytime Phone #</small>		