



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000005629 1. Entity Name EUROPEAN MESOCENTRE, LLC	
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Principal Place of Business 1939 HIGHLAND OAKS BOULEVARD LUTZ, FL 33559	Mailing Address 1939 HIGHLAND OAKS BOULEVARD LUTZ, FL 33559
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DO NOT WRITE IN THIS SPACE

	
01032007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-2174591	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FRASURE, BEATRIX 1939 HIGHLAND OAKS BOULEVARD LUTZ, FL 33559

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MS. FRASURE, BEATRIX 1939 HIGHLAND OAKS BLVD. LUTZ, FL 33559
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<p>000000578514 01/09/07-80033-005 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: <u>Beatrix Frasure</u>	<u>1/3/07</u> Date	<u>813-449-5400</u> Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		