

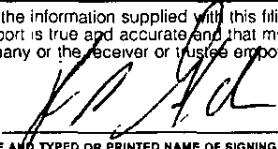


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000007669 1. Entity Name ME & ME TOO, LLC			
Principal Place of Business 2813 CAPISTRANO WAY NAPLES, FL 34105		Mailing Address 2813 CAPISTRANO WAY NAPLES, FL 34105	
DO NOT WRITE IN THIS SPACE			
		01142008 No Chg-LLC CR2E083 (12/07)	
		4. FEI Number 20-2283962 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 GOLDIN, RALPH S 2813 CAPISTRANO WAY NAPLES, FL 34105		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE U00000791392 01/23/08-80073-013 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDIN, RALPH S 2813 CAPISTRANO WAY NAPLES, FL 34105		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHETTI, MICHAEL L 2813 CAPISTRANO WAY NAPLES, FL 34105		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  RALPH S GOLDIN		Date: 1/18/08 Daytime Phone #: 239-403-8482	