


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90028 019 \*\*\*\*50.00

<b>DOCUMENT # L05000009375</b> 1. Entity Name <b>402 MELVILLE, LLC</b>					
Principal Place of Business <b>2101 WEST PLATT STREET SUITE 200 TAMPA, FL 33606</b>			Mailing Address <b>2101 WEST PLATT STREET SUITE 200 TAMPA, FL 33606</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-2249632</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KOEHLER, KEITH W 502 NORTH ARMENIA AVENUE TAMPA, FL 33609</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <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	MGR LUM, JOHN 2101 WEST PLATT STREET #200 TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GULUZIAN, ARAM 2101 WEST PLATT STREET TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GULUZIAN, ARAM 2101 WEST PLATT STREET TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GULUZIAN, ARAM 2101 WEST PLATT STREET TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GULUZIAN, ARAM 2101 WEST PLATT STREET TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GULUZIAN, ARAM 2101 WEST PLATT STREET TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GULUZIAN, ARAM 2101 WEST PLATT STREET TAMPA, FL 33606	<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.					
<b>SIGNATURE:</b> _____ <span style="float: right;"><b>4/26/06</b></span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					