2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT** DOCUMENT # L05000009375 1. Entity Name 402 MELVILLE, LLC Principal Place of Business 4,3 N. Mailing Address 403 N. Howard 2101 WEST PLATT STREET Howard Ave 2101 WEST PLATT STREET SUITE 200 SUITE 200 TAMPA, FL 33606 TAMPA, FL 33606 DO NOT WRITE IN THIS SPACE

FILED May 09, 2007 8:00 am Secretary of State

05-09-2007 90034 026 ****50.00

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04122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
20-2249632	[Not Applicable
5. Certificate of Status Desired	\$5.0 Fee R	Additional ired

4/21/07 (813) 258-5478
Daytime Phone *

6. Name and Address of Current Registered Agent

KOEHLER, KEITH W **502 NORTH ARMENIA AVENUE** TAMPA, FL 33609

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED N.

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changing its registered ions of registered agent.	d office or registered agent, or both, in the S	State of Florida. I am familiar with, and	accept
SIGNATURE.	Signature, typed or printed name of registered agent and bile if applicable. (NOTE Registered.	Agent signature required when reinstating)	DATE	_
Fi D	iling Fee Is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUM, JOHN 403 N. HOWRER AVE 2101 WEST PLATT STREET #200 Ste 200 TAMPA, FL 33606			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GULUZIAN, ARAM 403 N. HOWARD AND 2481-WEST PLATT-STREET TAMPA, FL 33606			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SSPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby indicated limited lia	Lectrify that the information supplied with th ie fi ling does not qualify for the exe Lon this report is true and accurate and that my signature shall have the sam ability company or the re¢eiver or trustee empowered to execute this report a	e legal effect as if made under oath; that I sequired by Chapter 608, Florida Statutes	Statutes. I further certify that the infor am a managing member or manager	mation r of the

OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE