

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90185 050 \*\*\*\*50.00

<b>DOCUMENT # L05000030844</b>					
<b>1. Entity Name</b> ME & WE, LLC				<b>Principal Place of Business</b> 112 LA PENINSULA NAPLES, FL 34113	
<b>2. Principal Place of Business</b> 7976 Tiger Lilly Dr Suite, Apt. #, etc.				<b>Mailing Address</b> 112 LA PENINSULA NAPLES, FL 34113	
<b>City &amp; State</b> Naples FL		<b>City &amp; State</b> Naples FL		<b>4. FEI Number</b> 30-0308659	
<b>Zip</b> 34113		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GALBRAITH, BRAD A 5150 NORTH TAMiami TRAIL SUITE 402 NAPLES, FL 34103				<b>7. Name and Address of New Registered Agent</b> Name: <u>Jeffrey M. Janeiro</u> Street Address (P.O. Box Number is Not Acceptable): <u>3201 Strand Blvd #100</u> City: <u>Naples</u> FL <u>34110</u>	
<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.</b> SIGNATURE: <u>Jeffrey M. Janeiro</u> (NOTE: Registered Agent signature required when re-registering) DATE: <u>1-30-06</u>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERICKSON, WANDA L 112 LA PENINSULA NAPLES, FL 34113	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM Erickson, Wanda L. 7976 Tiger Lilly Dr. Naples FL 34113
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>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>					
<b>SIGNATURE:</b> <u>Wanda L. Erickson</u>			<b>2-9-06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			(239) 775-7564		

30001752



01302006 Chg-LLC CR2E083 (11/05)



ATTACHMENT  
30001752

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2006

ME & WE, LLC  
7976 TIGER LILY DR  
NAPLES, FL 34113

Subject: ME & WE, LLC

Reference Number: L05000030844

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

3-1-06

/JE  
ANNUAL REPORTS SECTION

Gentlemen - Enclosed  
please find corrected  
Annual Report.  
Thank you,  
Shanda E. Smith

P.O. BOX 6478 - Tallahassee, Florida 32314