


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

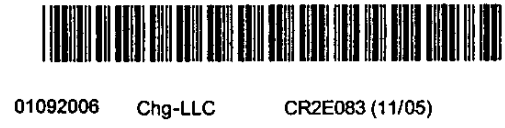
03-10-2006 90127 028 \*\*\*\*50.00

DOCUMENT # L05000041246	
1. Entity Name MECEPA PROPERTY INVESTMENTS 1, LLC	

Principal Place of Business 941 GULFSTREAM COURT WESTON, FL 33327	Mailing Address 941 GULFSTREAM COURT WESTON, FL 33327
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2. Principal Place of Business 941 Gulfstream Ct. Suite, Apt. #, etc.	3. Mailing Address 941 Gulfstream Ct. Suite, Apt. #, etc.
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City & State Weston, FL	City & State Weston, FL	4. FEI Number 20-2803131	Applied For <input type="checkbox"/> Not Applicable
Zip 33327	Country U.S.A.	Zip 33327	Country U.S.A.



6. Name and Address of Current Registered Agent ABED, MARY LEIGH 941 GULFSTREAM COURT WESTON, FL 33327		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2006** **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABED, EDUARDO J 941 GULFSTREAM COURT WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABED, MARY LEIGH 941 GULFSTREAM COURT WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Maryleigh Abed 3/7/06 95416590494  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #