2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Mar 21, 2006
Secretary of State

DOCUMENT# L05000045116

Entity Name: MELBOURNE RI, LLC

Current Principal Place of Business:

9425 HARDING AVENUE
SURFSIDE, FL 33154

New Principal Place of Business:

Current Mailing Address:

9425 HARDING AVENUE
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 20-4449685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FINVARB, RICHARD
9425 HARDING AVENUE
SURFSIDE, FL 33154 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FINVARB, RICHARD
Address: 9425 HARDING AVENUE
City-St-Zip: SURFSIDE, FL 33154

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: FINVARB, ROBERT I
Address: 1065 KANE CONCOURSE, SUITE 201
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: MGR ( ) Change (X) Addition
Name: FINVARB, RONALD
Address: 1065 KANE CONCOURSE, SUITE 201
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT I FINVARB MGR 03/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date