

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059782

Entity Name: MEASURE ME LLC

FILED
Jul 17, 2006
Secretary of State

Current Principal Place of Business:

4052 TIMBER COVE LN
WESTON, FL 33332

New Principal Place of Business:

Current Mailing Address:

4052 TIMBER COVE LN
WESTON, FL 33332

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FERNANDEZ, CARLOS A
14345 NW 14 CT
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

DE NICOLO, JANETH
4052 TIMBER COVE LANE
WESTON FL., FL 33332 US

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: JANETH DE NICOLO

07/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DE NICOLO, JANETH
Address: 4052 TIMBER COVE LN
City-St-Zip: WESTON, FL 33332

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DE NICOLO, JANETH
Address: 4052 TIMBER COVE LANE
City-St-Zip: WESTON, FL 33332

Title: MGR () Change (X) Addition
Name: DE NICOLO, LUIS J
Address: 4052 TIMBER COVE LANE
City-St-Zip: WESTON, FL 33332

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: JANETH DE NICOLO

MGR

07/17/2006

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