


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 08, 2006 8:00 am
Secretary of State

02-15-2006 90135 025 ****50.00

DOCUMENT # L05000063200							
1. Entity Name MES FUNDING, LLC							
Principal Place of Business 235 SIXTH ST NW #302 WINTER HAVEN FL 33881 US			Mailing Address 235 SIXTH ST NW #302 WINTER HAVEN FL 33881 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 11-3753913 <table border="1" style="float: right; margin-top: -20px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/05)			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HART, FREIDA 1550 11TH ST NW D 3 WINTER HAVEN FL-33881				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			
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: _____ <small>(Signature, typed or printed name of registered agent and date of certificate. (NOTE: Registered Agent signature required when completing.) DATE)</small>							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SABEL, ROBERT 235 SIXTH ST NW #302 WINTER HAVEN FL 33881	<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 Section 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: _____ R. H. SABEL 1/31/06 863/292-9792 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2006

MES FUNDING, LLC
235 SIXTH ST NW
#302
WINTER HAVEN, FL 33881 US

Subject: **MES FUNDING, LLC**

Reference Number: **L05000063200**

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.

/MH
ANNUAL REPORTS SECTION