

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

03-21-2006 90297 020 ****50.00

DOCUMENT # L05000077236			
1. Entity Name MELBOURNE PLAZA LLC			
Principal Place of Business 145 ORLANDO BOULEVARD INDIALANTIC FL 32903		Mailing Address 145 ORLANDO BOULEVARD INDIALANTIC FL 32903	
2. Principal Place of Business 774 N. APOLLO BLVD.		3. Mailing Address 774 N. APOLLO BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MELBOURNE, FL		City & State MELBOURNE, FL	
Zip 32935	Country	Zip 32935	Country
4. FEI Number 20-3376453		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPECHT, LISA A 301 EAST PINE STREET, SUITE 1400 ORLANDO FL 32801		7. Name and Address of New Registered Agent 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____			
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 KENNETH E. ALLEN 145 ORLANDO BLVD. INDIALANTIC, FL 32903	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGING MEMBER	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u><i>(Signature)</i></u>		Date <u>3-7-06</u> Daytime Phone # <u>321-251-9969</u>	