

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 26, 2006 8:00 am**  
**Secretary of State**

07-26-2006 90038 026 \*\*\*\*50.00

20050373



06272006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-4701435** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**DOCUMENT # L05000105922**

1. Entity Name  
**MEENAMAU PROPERTIES, LLC**



Principal Place of Business Mailing Address  
**2720 N.E. 44TH STREET 2720 N.E. 44TH STREET**  
**LIGHTHOUSE POINT, FL 33064 LIGHTHOUSE POINT, FL 33064**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

6. Name and Address of Current Registered Agent  
**HERNDON, CARL**  
**2720 N.E. 44TH STREET**  
**LIGHTHOUSE POINT, FL 33064**

7. Name and Address of New Registered Agent  
Name **HERNDON, TONIA L.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2720 NE 44 ST**  
City **LIGHTHOUSE PT FL** Zip Code **33064**

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 re-registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by September 6, 2006** **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR EQUITY EXCHANGE SERVICE, INC. 100 WALLACE AVENUE, SUITE 100 SARASOTA, FL 34237 <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:** *[Signature]* **X 7-21-06 X954-941-0829**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #