


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-11-2006 90017 023 ****50.00

DOCUMENT # L05000110261

1. Entity Name
ME HICKORY B, LLC



Principal Place of Business
**25055 PINEWATER COVE LANE
 BONITA SPRINGS, FL 34134**

Mailing Address
**25055 PINEWATER COVE LANE
 BONITA SPRINGS, FL 34134**


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

30006276



03312006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3504738**

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

6. Name and Address of Current Registered Agent

**LYONS, RICHARD D
 25241 ELEMENTARY WAY, SUITE 206
 BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number's Not Accepted)

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 _____ DATE _____

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM MEHRA, SANTOSH <input type="checkbox"/> Delete 25055 PINEWATER COVE LANE BONITA SPRINGS, FL 34134	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 submitted 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: Santosh Mehra **4.6.06.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE