2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L05000117542



FILED Apr 10, 2006 8:00 am Secretary of State

| 1. Entity Name MELLON HOLDING - PALMETTO PINES, LLC | | | | | | 04-10-2006 90047 016 ****50.00 | | | | | |
|--|--|------------------------|---|---------------------------|--|---|----------------|----------------------------|-----------|------------|--|
| Principal Plac 8210 LAKEW BRADENTON | OOD RANCH BLVD | | Mailing Address 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 US | | | i IRBIIRM AS | | 21 NOB! (121) 12001 | BII | PG | |
| 2. Principal P | ace of Business | 3. Mailing Address | 3. Mailing Address | | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 03022006 Chg-LLC CR2E083 (11/05) | | | | | |
| City & State | • | City & State | City & State | | | 4. FEI Number Applied For Not Applicable | | | | | |
| Zip | Country Zip Cou | | | try | 5. Certificate of Status Desired S5.00 Additional Fee Required | | | | | | |
| | 6. Name and Address of Cu | rrent Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| | | | | | Name | | | | | | |
| | EWOOD RANCH BLVD ON, FL 34202 | | | | 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 reinstating) DATE | | | | | | | | | | | |
| | | | | | | | | | | | |
| Fi D | ling Fee is \$50.00 ue by May 1, 2006 | | | | | Make check payable to Florida Department of State | | | | | |
| 9. | MANAGING M | EMBERS/MANAGERS | 10. | | | | ADDITIONS | /CHANGES | | | |
| TITLE | MGR | Detete | IIILI | E | | | | | Change | ☐ Addition | |
| NAME | SCHIER, JAMES R | | NAM | - t | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 8210 LAKEWOOD RANCH | BLVD | | ET ADORESS -ST-ZIP | | | | | | | |
| | BRADENTON, FL 34202 | Delete | III | - | Λ | | , , | | 7 Changa | Addition | |
| TITLE Name | | ⊥ Delete | NAM | - ! | ρ_{n} | scella | 15 Nes | \sim_{Λ} L | | AUDITION | |
| STREET ADORESS | | | | ET ADDRESS | 'A 2 | 10 L | Kewood | Kond | BL. | rd | |
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| NAME | | | NAM | | | | | | | | |
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| CITY-ST-ZIP | | | | | | | | | 7 Channa | - Addition | |
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| NAME | | | NAM | | | | | | | | |
| STREET ADDRESS | | | | EET ADDRESS '-S1-ZIP | | | | | | | |
| CITY-S1-ZIP | 111.77 | Па | _ | - | | | | г | Change | Addition | |
| TITLE NAME | | ☐ Delete | TITL | | i I | | | ι | charge | Auditibii | |
| STREET ADDRESS | | | | EET ADDRESS | | | | | | ŀ | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | | | | |
| 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 accordate 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 employered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | | | | | |

AGER, OR AUTHORIZED REPRESENTATIVE Date Date Daylime Phone #