

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90315 016 ****50.00

DOCUMENT # L05000117964

1. Entity Name
MELODY PLACE, LLC



Principal Place of Business
**8825 TAMiami TRAIL EAST
NAPLES, FL 34113**

Mailing Address
**8825 TAMiami TRAIL EAST
NAPLES, FL 34113**

60048885



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

03222007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3927722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410**

Name **Constance M. Burke**

Street Address (P.O. Box Number is Not Acceptable)

1107 West Marion Avenue

Suite 112

City

Punta Gorda

FL

Zip Code **33950**

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

Constance M. Burke

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **DE LANGE, LUIT**
STREET ADDRESS **8825 TAMiami TRAIL EAST**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **President** ☐ Change ☐ Addition
NAME **Mr. Luit de Lange**
STREET ADDRESS **8825 Tamiami Trail East**
CITY-ST-ZIP **Naples, FL 34113**

TITLE **MGR** ☐ Delete
NAME **CHOSNEK, IVAN M**
STREET ADDRESS **784 US HIGHWAY 1, SUITE 24**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **Vice-President** ☐ Change ☐ Addition
NAME **Mr. Joseph D. Boff**
STREET ADDRESS **942 N. Collier Blvd**
CITY-ST-ZIP **Marco Island, FL 34145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☐ Addition
NAME **Mr. Joel Ira Bobrow**
STREET ADDRESS **8825 Tamiami Trail East**
CITY-ST-ZIP **Naples, FL 34113**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☐ Addition
NAME **Mrs. Ulrike de Lange-Garner**
STREET ADDRESS **8825 Tamiami Trail East**
CITY-ST-ZIP **Naples, FL 34113**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/10/07 *237 744 5333*