

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

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



04152008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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**

BURKE, CONSTANCE  
8825 TAMiami TRAIL EAST  
PUNTA GORDA, FL 33950

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000914038  
05/08/08-80040-020 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRP DE LANGE, LUIT 8825 TAMiami TRAIL EAST NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHOSNEK, IVAN M 784 US HIGHWAY 1, SUITE 24 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BOFF, JOSEPH D MR 942 N COLLIER BLVD MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BOBROW, JOEL I MR 8825 TAMiami TRAIL EAST NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DE LANGE-GARNER, ULRIKE MRS 8825 TAMiami TRAIL EAST NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Ul De Lange-Garner

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

Date

Daytime Phone #

4/16/08 239-714-5333