2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# L05000117964

Entity Name: MELODY PLACE, LLC

Current Principal Place of Business:

8825 TAMIAMI TRAIL EAST
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

8825 TAMIAMI TRAIL EAST
NAPLES, FL 34113

New Mailing Address:

FEI Number: 20-3927722 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKE, CONSTANCE
8825 TAMIAMI TRAIL EAST
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

BURKE, CONSTANCE M
247 N COLLIER BLVD
SUITE 202
MARCO ISLAND, FL 34145 US

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.

SIGNATURE: CONSTANCE M. BURKE 04/02/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRP ( ) Delete
Name: DE LANGE, LUIT
Address: 8825 TAMIAMI TRAIL EAST
City-St-Zip: NAPLES, FL 34113

Title: MGR ( ) Delete
Name: CHOSNEK, IVAN M
Address: 784 US HIGHWAY 1, SUITE 24
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: V ( ) Delete
Name: BOFF, JOSEPH D MR
Address: 942 N COLLIER BLVD
City-St-Zip: MARCO ISLAND, FL 34145

Title: T ( ) Delete
Name: BOBROW, JOEL I MR
Address: 8825 TAMIAMI TRAIL EAST
City-St-Zip: NAPLES, FL 34113

Title: S (X) Delete
Name: DE LANGE-GARNER, ULRIKE MRS
Address: 8825 TAMIAMI TRAIL EAST
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: BOFF, JOSEPH D
Address: 8825 TAMIAMI TRAIL EAST
City-St-Zip: NAPLES, FL 34113

Title: VP (X) Change ( ) Addition
Name: BOBROW, JOEL I
Address: 8825 TAMIAMI TRAIL EAST
City-St-Zip: NAPLES, FL 34113

Title: T (X) Change ( ) Addition
Name: BOBROW, JOEL I
Address: 8825 TAMIAMI TRAIL EAST
City-St-Zip: NAPLES, FL 34113

Title: S (X) Change ( ) Addition
Name: DE LANGE - GARNER, ULRIKE I
Address: 8825 TAMIAMI TRAIL EAST
City-St-Zip: NAPLES, FL 34113

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOEL I. BOBROW VP 04/02/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date