2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 07, 2006 8:00 am Secretary of State **DOCUMENT # L05000120375** 03-21-2006 90297 021 ****50.00 1. Entity Name MELBOURNE GREEN LLC Principal Place of Business Mailing Address **4122000** 774 N APOLLO BLVD. MELBOURNE FL 32935 774 N APOLLO BLVD. MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FE! Number Applied For APPLIED FOR Not Applicable Ζiρ Zip Cauntry \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALLEN, KENNETH E 774 N APOLLO BLVD. Street Address (P.O. Box Number is Not Acceptable) **MELBOURNE FL 32935** 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, typinit or printed maner of registerors riginal and bits a supplemble. (NOTE: Registred Agent signature required when reinstiturity) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES THE MGR TITLE ☐ Delete Change Addition NAME ALLEN, KENNETH E NAME STREET ADDRESS 774 N APOLLO BLVD. STREET ADDRESS CITY-SI-7#P MELBOURNE FL 32935 CITY-S1-7P TETE & Delete TITLE ☐ Change Addition NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P njuj ☐ Delote THE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TIFLE Delete MILE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY+\$1-ZIP CITY-ST-ZIP TITLE Delete DITE ☐ Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED