

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000012510

1. Entity Name
MELBOURNE CAPITAL GROUP, LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 25 PM 2:34

Principal Place of Business
200 S. BISCAYNE BLVD.,
SUITE 2730
MIAMI, FL 33131

Mailing Address
200 S. BISCAYNE BLVD.,
SUITE 2730
MIAMI, FL 33131



2. Principal Place of Business - No P.O. Box #
1395 Brickell Ave
Suite, Apt. #, etc.
Ste 1080

3. Mailing Address
1395 Brickell Ave
Suite, Apt. #, etc.
Ste 1080

07172007 Chg-LLC CR2E083 (12/06)

City & State
Miami, FL 33131

City & State
Miami, FL 33131

4. FEI Number ☒ Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS, INC.
18901 NE 29TH AVENUE
SUITE 100
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name
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

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME AREVALO, JORGE
STREET ADDRESS 200 S. BISCAYNE BLVD., SUITE 2730
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR ☐ Delete
NAME MITROPOULOS, TAKIS
STREET ADDRESS 200 S. BISCAYNE BLVD., SUITE 2730
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1395 Brickell Ave #1080
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1395 Brickell Ave #1080
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300105574083
07/23/07--01034--004 **\$25.00

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

TITLE ☐ Change ☐ Addition
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 #

7/17/07

305-579-5700