

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031342

Entity Name: MELTON-HECKMAN HOLDINGS, LLC

FILED
Feb 18, 2007
Secretary of State

Current Principal Place of Business:

615 VICTORIA HILLS DRIVE
DELAND, FL 32724 US

New Principal Place of Business:

Current Mailing Address:

615 VICTORIA HILLS DRIVE
DELAND, FL 32724 US

New Mailing Address:

FEI Number: 16-1754904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

MELTON, CRAIG B PRES
615 VICTORIA HILLS
DELAND, FL 32724 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: CRAIG MELTON

02/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MELTON, CRAIG
Address: 615 VICTORIA HILLS DRIVE
City-St-Zip: DELAND, FL 32724 US

Title: MGRM () Delete
Name: HECKMAN, BRIAN
Address: 10313 LIGHTNER BRIDGE DRIVE
City-St-Zip: TAMPA, FL 33626 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: MELTON, CRAIG
Address: 615 VICTORIA HILLS DRIVE
City-St-Zip: DELAND, FL 32724 US

Title: CEO (X) Change () Addition
Name: HECKMAN, BRIAN
Address: 10313 LIGHTNER BRIDGE DRIVE
City-St-Zip: TAMPA, FL 33626 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CRAIG MELTON

PRES

02/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date