


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90031 012 \*\*\*\*50.00

DOCUMENT # L06000045992

1. Entity Name  
**MELNIK HOLDINGS, LLC**



Principal Place of Business      Mailing Address

4044 W. LAKE MARK BLVD.      4044 W. LAKE MARK BLVD.  
 #104, PMB 418      #104, PMB 418  
 LAKE MARY FL 32746      LAKE MARY FL 32746  
 US      US



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

7025 CR 46A      7025 CR 46A

Suite, Apt. #, etc.      Suite, Apt. #, etc.

Ste 1071 # 354      Ste 1071 # 354

1st MOORE      CR2E083 (10/06)

City & State      City & State

Lake Mary, FL      Lake Mary, FL

Zip      Country      Zip      Country

32746      USA      32746      USA

4. FEI Number      Applied For

20-4810519      Not Applicable

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

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6. Name and Address of Current Registered Agent

**MEINERS, LOUIS M JR**  
**3073 HOESHOE DRIVE SOUTH**  
**SUITE 210**  
**NAPLES FL 34104**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VENTURECORE, LLC 3307 LAKEVIEW OAKS DR LONGWOOD FL 32279 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Venturecore, LLC 7025 CR 46A, Ste 1071 #354 Lake Mary, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David S. Melnik      Date: 4/13/07      Daytime Phone #: 407-616-4053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #