

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049399

FILED
Jan 31, 2007
Secretary of State

Entity Name: MELISSA LYNN, LLC

Current Principal Place of Business:

P.O. BOX 6189
FT. MYERS BEACH, FL 33932

New Principal Place of Business:

1300 MAIN STREET
FT. MYERS BEACH, FL 33932

Current Mailing Address:

P.O. BOX 6189
FT. MYERS BEACH, FL 33932

New Mailing Address:

FEI Number: 20-4892716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATLAND, RUDOLPH
12995 S. CLEVELAND AVE.
SUITE 107
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

GALA, GEORGE
7227 HENDRY CREEK DRIVE
FORT MYERS, FL 33908 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: GEORGE GALA

01/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HENDERSON, DENNIS
Address: P.O. BOX 6189
City-St-Zip: FT. MYERS BEACH, FL 33932

Title: MGR () Delete
Name: GALA, GEORGE
Address: P.O. BOX 6189
City-St-Zip: FT. MYERS BEACH, FL 33932

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: SD () Change (X) Addition
Name: GALA, CHRISTINE
Address: 7227 HENDRY CREEK DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: TD () Change (X) Addition
Name: HENDERSON, RANELL
Address: 21251 CARTER ROAD
City-St-Zip: ESTERO, FL 33928

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: CHRISTINE GALA

SD

01/31/2007

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