
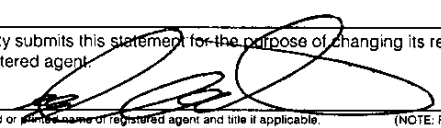
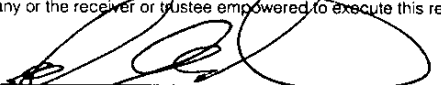


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90260 016 ****50.00

DOCUMENT # L06000053094 1. Entity Name MEE ENTERPRISES LLC					
Principal Place of Business 39 SW MONTEREY ROAD STUART, FL 34994				Mailing Address 39 SW MONTEREY ROAD STUART, FL 34994	
2. Principal Place of Business - No P.O. Box # 2690 SE Willoughby Blvd <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2690 SE Willoughby Blvd <small>Suite, Apt. #, etc.</small>			
City & State Stuart FL <small>Zip</small> 34994 <small>Country</small> USA		City & State Stuart FL <small>Zip</small> 34994 <small>Country</small> USA		4. FEI Number 20-4939827	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ECKSTROM, MARK E 39 SW MONTEREY ROAD STUART, FL 34994			7. Name and Address of New Registered Agent Name Eckstrom, Mark E Street Address (P.O. Box Number is Not Acceptable) 2690 SE Willoughby Blvd City Stuart FL <small>Zip Code</small> 34994		
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE 4-27-07					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECKSTROM, MARK E 39 SW MONTEREY ROAD STUART, FL 34994	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECKSTROM, MARK E 2690 SE Willoughby Blvd Stuart FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECKSTROM, MARK E 2690 SE Willoughby Blvd Stuart FL 34994	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECKSTROM, MARK E 2690 SE Willoughby Blvd Stuart FL 34994	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECKSTROM, MARK E 2690 SE Willoughby Blvd Stuart FL 34994	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECKSTROM, MARK E 2690 SE Willoughby Blvd Stuart FL 34994	<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 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 606, Florida Statutes.					
SIGNATURE: 				Date 4-27-07 Daytime Phone # 728 4858931	