2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

| ANNUAL REPORT (AR) | | | | | | | | | |
|---|--|-----------------------------------|--------------------------|---|--|-------------------|----------------------------|---------------------------|--|
| DOCUMENT # L06000059868 1. Entity Name | | | | | | | | | |
| MEALEY, LLC | | | No. | | _ | FILE PRII PI | D | | |
| Principal Place of Business Mailing Address | | | | | 07 A | PR II PI | Li i | | |
| 659 EAST SANDPIPER STREET | | 659 EAST SANDPIPER STREET | | , in the state of | , , , | 14:16 | Weet 101 20 | | |
| APOPKA FI US | _ 32/12 | APOPKA FL 32712 US | | | | | | | |
| 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | | | | , M | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 1st MOORE | CR2E083 | (10/06) | | | |
| City & State | | City & State | | | 4. FEI Number | | | plied For t Applicable | |
| Zip | Country Zip Co | | Country | | 5. Cortificate of Status Desire | | \$5.00 Add Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of Ne | w Registered / | Agent | | |
| MEALEY, KENNETH | | | | Name | | | | | |
| 659 | EAST SANDPIPER STREET | • | Str | reet Address (F | et Address (P.O. Box Number is Not Acceptable) | | | | |
| API | OPKA FL 32712 | | | | | | | | |
| | | | | ty | 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 minited manife of registered agent and title 4 applicable. (NOTE: Registered Agent signature reduced wiren reinstating). DATE | | | | | | | | | |
| . FILE NOW!!! FEE IS \$50.00 | | | | | | | | | |
| Make Check Payable to Florida Department of State Due By May 1, 2007 | | | | | | | | | |
| 9. | MANAGING MEMBE | RS/MANAGERS | | | | ADDITIONS/CHANGES | | | |
| IIIII | MGRM | ☐ Delele | MICI | | | | ☐ Change | Addition | |
| NAME STREET ADORESS | MEALEY, KENNETH 659 EAST SANDPIPER STREET | | NAME STREELADO | DIESS | | | | | |
| CtTY-ST-7IP | APOPKA FL 32712 | | C11Y-S1-7I | P | | | | | |
| THITE. NAMIL | MGRM MEALEY, MARY | Delete | TITT NAMC | | | | ☐ Change | Addition | |
| STREET ADDRESS | | | STREET ADO | | 800097946218 04/23/0701005005 **200.00 | | | | |
| CHY SI-ZIP | APOPKA FL 32712 | | CHY-SI-ZI | P | | | | | |
| HIIII. Nami' | | Delete | HITU: Nami | | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | | | STREET LADO | | | | | | |
| City St-ZIP | | | UhY-81 71 | D' | | | ☐ Change | ☐ Addition | |
| TITLE NAME | Rulia | ☐ Delete | TITLE NAME | | | | LT Change | ☐ ¥000000 | |
| STREET ADDRESS | Millo | | SIRELLADO | | | | | | |
| TITLE TITLE | <u> </u> | Delete | CHY-S1-ZI | P | | | ☐ Change | Addition | |
| NAMIC | , | Selecte | NAMI | | | | Onlinge | | |
| STREET ADDRESS City - St - Zip | | | STREET ADD CITY+ST-71 | l l | | | | | |
| HUE . | | ☐ Delete | DILE | | | | ☐ Change | Addition | |
| NAME emeriannace | | | NAME SIDLELADO | naree | | | | · | |
| SIREET ADORESS CITY-SI-7IP | | | STREET ADD | 1 | | | | | |
| 11 hereby | certify that the information supplied wit on this report is true and accurate and | h this filing does not qualify fo | or the exemp | tions contained | d in Section 119, Florida Statut | es. I further cer | tify that the in | nformation | |

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutos.

SIGNATURE AND TYPED OR PUNTED NAME OF SIGNING MANAGES MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daylime Phone #