


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90241 049 ***138.75

DOCUMENT # L06000085212	
1. Entity Name MELNIK VENTURES, LLC	

Principal Place of Business 185 WAYMONT CT. SUITE 111 LAKE MARY FL 32746 US	Mailing Address PO BOX 953007 LAKE MARY FL 32795-3007
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 20-5460462	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MEINERS, LOUIS M JR. 3073 HORSESHOE DRIVE SOUTH SUITE 210 NAPLES FL 34104	
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7. Name and Address of New Registered Agent	
Name David S. Melnik	
Street Address (P.O. Box Number is Not Acceptable) 3307 Lakewood Oaks Dr.	
City Longwood, FL	Zip Code 32779

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 3/3/08

Signature, typed or printed name of registered agent and title if applicable.


(NOTE: Registered Agent's signature required when re-registering)

DATE

<p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State</p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VENTURECORE, LLC 7025 CR 46A SUITE 1071#354 LAKE MARY FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	185 Waymont Ct., Ste 111 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
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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	3/3/08	407-666-4053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Display Phone #