2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Aug 20, 2007 8:00 am Secretary of State **DOCUMENT # L06000085861** 08-20-2007 90182 041 ****55.00 MELCONIANS PROPERTIES, LLC Principal Place of Business Mailing Address 1944 DUNLOE CIR. 1944 DUNLOE CIR. **60054300** DUNEDIN, FL 34698 US DUNEDIN, FL 34698 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08122007 CR2E083 (12/06) EIN NUMBER City & State City & State 4. A Number Applied For 33-0200478 Not Applicable Country Zip Country Ziρ \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MELCONIAN, NINA 1944 DUNLOE CIR. Street Address (P.O. Box Number is Not Acceptable) DUNEDIN, FL 34698 City Zio Code FL 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by September 14, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Delete TITLE ☐ Change ☐ Addition MELCONIAN, GARNICK NAME NAME 1944 DUNLOE CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-718 **MGRM** Delete Change ☐ Addition IMLE TITLE MELCONIAN, ERIC NAME STREET ADDRESS 356 HEMPSTEAD AVE STREET ADDRESS MALVERNE, NY 11565 CITY-ST-ZIE CITY-ST-7IP MGRM Delete ☐ Спалое ☐ Addition TITLE TITLE MELCONIAN, ELCID NAME NAME STREET ADDRESS 356 HEMPSTEAD AVE STREET ADDRESS CITY-ST-ZIP MALVERNE, NY 11565 CITY-ST-ZIP TITLE **MGRM** ☐ Delete ☐ Change ☐ Addition MELCONIAN, NINA NAME NAME STREET ADDRESS 1944 DUNLOE CIR. STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP Delete ■ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 608, Florida Statutes. 8-13-07

ED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED