2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 21, 2008 8:00 am Secretary of State **4/**1

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DOCUMENT # L0700001689 1. Entity Name M.E. ENTERPRISES OF CENTRAL FLORIDA LLC							08 90108 041 *	
Principal Place of Business Mailing Address						** 11	HIEKA I	
280 HOWARD AVENUE P.O. BOX 623378						งบ	006841	
OVIEDO, FL 32765		OVIEDO, FL 32762						
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address					1 MINIMINIAN			E
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			04082008 C	hg-LLC	CR2E083 (12/06))
City & State City & State				4. FEI Number	.,	· / IA	pplied For	
					20-81	6221	<u> </u>	lot Applicable
Zip	Country	Zip	Zip Country			· • · ·	\$5.00	
		1			5. Certificate of Status Desired Fee Required			
6. Name and Address of Current Registered Agent				Τ	7. Name and Add:	ress of Now Re	gistered Agent	· · · · · ·
			Name					
SPIEGEL & UTRERA, P.A.								
1840 SW 22ND ST.				Street Address (P.O. Box Number is Not Acceptable)				
4TH FLOOR				7.2-				
MIAMI, FL	. 33145			L				
				City			FL Zip Coo	ie
19 The show				<u> </u>			• — 1	
(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.								
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SIGNATURE								
Signature, typed or primate name of registered agent and title if epiphosiste. [NOTE: Registered Agent signature required when reintgaing) DATE								
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State St								
9 ,		ERS/MANAGERS	10.	······································	Learner	ADDITIONS/C		exi, , Feringe (1
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STREET ADDRESS CITY-SI-ZIP				ADDRESS				
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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 the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on this report is true and accurate and that the information indicated on								
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 trusted simply and to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: Mun 1 Plen 41008								
SIGNATURE: 7/VIGNUT / 1000								