


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90104 034 ***138.75

DOCUMENT # L07000077521	
1. Entity Name MEBG LLC	

Principal Place of Business 4200 N OCEAN DRIVE SUITE 1405-2 SINGER ISLAND, FL 33404	Mailing Address 4200 N OCEAN DRIVE SUITE 1405-2 SINGER ISLAND, FL 33404
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50003091



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03222008 Chg-LLC CR2E083 (12/06)

City & State	City & State
Zip	Country

4. FEL Number 26-0654238	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent PALUMBO, WILLIAM JR 4200 N OCEAN DRIVE SUITE 1405-2 SINGER ISLAND, FL 33404	
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALUMBO, WILLIAM JR 4200 N OCEAN DRIVE SUITE 1405-2 SINGER ISLAND, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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 608, Florida Statutes.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #