2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# L07000081649

Entity Name: M.E.G.S., LLC

Current Principal Place of Business:

100 SOUTH ASHLEY DRIVE SUITE 1500
TAMPA, FL 33602

New Principal Place of Business:

100 S. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602

Current Mailing Address:

100 SOUTH ASHLEY DRIVE SUITE 1500
TAMPA, FL 33602

New Mailing Address:

100 S. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602

FEI Number: 26-0796165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHUTTS & BOWEN LLP
100 SOUTH ASHLEY DRIVE SUITE 1500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

SHUTTS & BOWEN LLP; ATTN: R. ALAN HIGBEE
100 SOUTH ASHLEY DRIVE SUITE 1500
TAMPA, FL 33602 US

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.

SIGNATURE: R. ALAN HIGBEE, FOR THE FIRM 04/24/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: TRUE DOUBLE TWO, LLC,
Address: 7122 PELICAN ISLAND DRIVE
City-St-Zip: TAMPA, FL 33634

Title: MGRM ( ) Change (X) Addition
Name: OCEAN KNIGHT, LLC,
Address: 10305 LAKE GROVE DRIVE
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: R. ALAN HIGBEE ATTY 04/24/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date