

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000000676

FILED
May 01, 2009
Secretary of State**Entity Name:** MELFI PROPERTY, LLC**Current Principal Place of Business:**2600 DOUGLAS RD
STE 1010
CORAL GABLES, FL 33134**New Principal Place of Business:**2600 DOUGLAS RD
STE 1010
CORAL GABLES, FL 33152**Current Mailing Address:**2600 DOUGLAS RD
STE 1010
CORAL GABLES, FL 33134**New Mailing Address:**PO BOX 528023
MIAMI, FL 33152**FEI Number:** 26-2069271**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BARINAS AND ASSOCIATES, INC.
5701 NW 36 ST
VIRGINIA GARDENS, FL 33166 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: SPORTIELLO, MICHELE
Address: 2600 DOUGLAS RD STE 1010
City-St-Zip: CORAL GABLES, FL 33134Title: MGRM () Delete
Name: SPORTIELLO, FANNY
Address: 2600 DOUGLAS RD STE 1010
City-St-Zip: CORAL GABLES, FL 33134Title: MGRM () Delete
Name: SPORTIELLO, ANTONIO L
Address: 2600 DOUGLAS RD STE 1010
City-St-Zip: CORAL GABLES, FL 33134Title: MGRM () Delete
Name: SPORTIELLO, VERONICA L
Address: 2600 DOUGLAS RD STE 1010
City-St-Zip: CORAL GABLES, FL 33134**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHELE SPORTIELLO

MGRM

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date