

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000271

Entity Name: M & E PROPERTIES, LLC

FILED
Jan 03, 2005
Secretary of State

Current Principal Place of Business:

16400 NW 2ND AVE. SUITE 203
NORTH MIAMI BEACH, FL 33169

New Principal Place of Business:

Current Mailing Address:

16400 NW 2ND AVE. SUITE 203
NORTH MIAMI BEACH, FL 33169

New Mailing Address:

FEI Number: 65-0499070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMON, GARY P.
9100 SO. DADELAND BLVD.
SUITE 504
MIAMI, FL 331567815 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/MEMBERS:

Title: MGRM () Delete
Name: REED, EDWIN W III
Address: 13400 NE 17TH AVE
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGRM () Delete
Name: OSHEROFF, MARC A
Address: 16400 N.W. 2ND AVE., #203
City-St-Zip: NO MIAMI BEACH, FL 33169

Title: MGRM () Delete
Name: OSHEROFF, ROBIN B
Address: 16400 N.W. 2ND AVE., #203
City-St-Zip: NO MIAMI BEACH, FL 33169

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARC A. OSHEROFF

MGRM

01/03/2005

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