2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L99000003988



FILED Apr 17, 2006 8:00 am Secretary of State

1. Entity Name MELBOURNE EQUITIES, LLC							04-17-2006 90035 045 ****50.00				
Principal Place of Business 4201 VINELAND RD., SUITE I-14 ORLANDO, FL 32811			Mailing Address 4201 VINELAND RD., SUITE I-14 ORLANDO, FL 32811			₩₩₩₩₩₩₩₩₩₩₩					
2. Principal P	lace of Busin	eess	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04042006	Chg-LLC	CR2E	083 (11/05)	
City & State			City & State				1 ** '. T.			oplied For ot Applicable	
Zip Country		Žip Counti		try		5. Certificate	of Status Desired		\$5.00 Add Fee Require		
	6. Name	and Address of Current R	egistered Agent				7. Name and	d Address of New F	Registered	Agent	
					Name						
FALCONE 4201 VINE ORLANDO	LAND RD)., SUITE I-14	Street Addre			ddress (F	(P.O. Box Number is Not Acceptable)				
	_				City				FL	Zip Cod	e
8. The above the obligat	named entitions of regist	y submits this statement for lered agent.	the purpose of changing its	register	ed office or	register	ed agent, or bo	oth, in the State of Fk	orida. I am	familiar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	: Registere	d Agent signatu	ure required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006							Make check payable to Florida Department of State				
FI D	iling Fee/l ue by Ma	Ís \$50.00 y 1, 2006							-	_	10
D	iling Fee	y 1, 200 6	S (MANACEDS	T 40	<u> </u>			Florida	a Departn	nent of Stat	-
9.	ue by Ma	s \$50.00 y 1, 2006 MANAGING MEMBER		10.		me o	M		a Departn	nent of Stat	
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9. ITILE NAME	MGRM FALCONI	MANAGING MEMBER ER, MATTHEW J		TITLI NAM	E ET ADORESS	MGR FALC	M ONER M	Florid: ADDITIONS	A Departn	S VI Change	
9. mli	MGRM FALCONI	MANAGING MEMBER ER, MATTHEW J ELAND RD SUITE B-15		TITL NAM STRE	E Et address	FALC 4201	OHER M	ADDITIONS ATTHEW HO RD, ST	A Departn	S VI Change	
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11. I hereby certify that the information supplied with this filipe 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 X