


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90153 029 *****55.00

DOCUMENT # M00000000711	
1. Entity Name MEL OGRIN ENTERPRISES, LLC	

Principal Place of Business 10791 AVENIDA SANTA ANA BOCA RATON, FL 33498	Mailing Address 1597 NOTTINGHAM RD. CHARLESTON, WV 25314
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <i>10791 Avenida Santa Ana</i> Suite, Apt. #, etc.
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City & State <i>Boca Raton FL</i>	City & State <i>Boca Raton FL</i>
Zip <i>33498</i>	Country <i>Panama</i>



01272005 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1023120	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent OGRIN, MEL 10791 AVENIDA SANTA ANA BOCA RATON, FL 33498	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 *Mel Ogrin* DATE *1/28/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEL OGRIN 10791 AVENIDA SANTA ANA BOCA RATON, FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Mel Ogrin* *951/483/2534* *1/28/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

MEL OGRIN