2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000003100

1. Entity Name
MELBOURNE REAL ESTATE INVESTORS, LLC

Principal Place of Business	Mailing Address
3570 KEITH ST., N.W. CLEVELAND, TN 37312	3570 KEITH ST., N.W. CLEVELAND, TN 37312

01312005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1080852
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PRESTON, FORREST L
STREET ADDRESS	3570 KEITH ST., N.W.
CITY-ST-ZIP	CLEVELAND, TN 37312
TITLE	MGR
NAME	CLAYTON, ANGELENA
STREET ADDRESS	3570 KEITH ST., N.W.
CITY-ST-ZIP	CLEVELAND, TN 37312
TITLE	MGR
NAME	ZIEGLER, J. STEPHEN
STREET ADDRESS	3570 KEITH ST., N.W.
CITY-ST-ZIP	CLEVELAND, TN 37312
TITLE	MGR
NAME	CROSS, CINDY S
STREET ADDRESS	3570 KEITH ST., N.W.
CITY-ST-ZIP	CLEVELAND, TN 37312
TITLE	MGR
NAME	THURMOND, JOAN E
STREET ADDRESS	3570 KEITH ST., N.W.
CITY-ST-ZIP	CLEVELAND, TN 37312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000280842
03/30/05-80037-002 50.00

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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: Joan E. Thurmond [redacted] MAR 11 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #