

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90160 001 \*\*\*277.50

**DOCUMENT # M07000002472**

1. Entity Name  
**MELBOURNE 95 NEW HAVEN, LLC**



Principal Place of Business  
**1228 EAST MOREHEAD STREET, SUITE 200  
CHARLOTTE, NC 28204**

Mailing Address  
**1228 EAST MOREHEAD STREET, SUITE 200  
CHARLOTTE, NC 28204**

**30000248**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**P.O. Box 36799**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032008 Chg-LLC CR2E083 (12/06)

City & State

City & State  
**Charlotte, NC**

4. FEI Number  
**20-8915204**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**28236-6799**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVENUE  
DAYTONA BEACH, FL 32114**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
COLLETT, ROBERT C  
1228 EAST MOREHEAD STREET, SUITE 200  
CHARLOTTE, NC 28204** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SMITH, DONOVAN  
1228 EAST MOREHEAD STREET, SUITE 200  
CHARLOTTE, NC 28204** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
COLLETT, JOHN  
1228 EAST MOREHEAD STREET, SUITE 200  
CHARLOTTE, NC 28204** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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:

*Robert C. Collett*

**Robert C. Collett**

**1/30/08**

**704-376-6523**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #