## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M98000001112

1. Entity Name

THE MARKET PLACE OF MELBOURNE, LTD., LLC



Principal Place of Business

2525-2625 W. NEW HAVEN AVE. WEST MALBOURNE, FL Malling Address

6190 COCHRAN ROAD SUITE A SOLON, OH 44139 FILED Feb 20, 2006 08:00 AM Secretary of State



01162006 No Chg-LLC

CR2E083 (11/05)

| 4. | FEI Number |  |  |  |  |
|----|------------|--|--|--|--|
|    | 34-1876657 |  |  |  |  |

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PESSES, MARVIN 6430 VIA ROSA BOCA RATON, FL 33433

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| 6. 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   |  | (NOTE. Registered Agent signature required when reinstaling)   | DATE   |  |  |  |
|   | iling Fee is \$50.00<br>bue by May 1, 2008   | ·  |  |  |  |  |
| 9.  | MANAGING MEMBERS/MANAGERS  |  | ## 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MGRM BROADWAY PROPERTIES, INC. 6190 COCHRAN RD., SUITE A   | And the second s | The second secon |  |  |  |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP   | SOLON, OH 44139  |  | 000439783<br>06 80014-013 50,00  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | DO NOT   | WRITE  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | IN THIS  | SPACE  |  |  |  |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |  |  |  |  |
| ingicated (   | certify that the information supplied with this filing does not quentities report is true and accurate and that my signature shall be accurated to the state of t | qualify for the exemptions contained in Chapter 119, Florida Statu<br>all have the same legal effect as if made under oath, that I am a  | utes. I further certify that the information a managing member or manager of the   |  |  |  |

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.

TURE TURE OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-1606

440-914-2000

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