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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT			Jan 21, 2005 8:00 am Secretary of State
DOCUMENT # M0400003262 1. Entity Name MERIDIAN CONSTRUCTION AND DEVELOPMENT LLC			01-21-2005 90094 014 ****50.00
Principal Place of Business Mailing Address		κυυυσίσμ	
235 ATLANTA PROVIDENCE COURT 235 ATLANTA PROVIDENCE COURT ALPHRETTA, GA 30004 ALPHRETTA, GA 30004			
2. Principal Place of Business	3. Mailing Address		
1121 Alderman Drive Suite, Apt. #, etc.	Suite, Apt. #, etc.	· Urive	
Suite 112	Switch 112		01172005 Chg-LLC CR2E083 (10/03)
City & State	City & State	Λ	4. FEI Number Applied For
AlphaveHa, GA.	Alphanetta C	<u>.H. </u>	APPLIED FOR &0-1513610 Not Applicable
Zip Country 30005 - USA	30005	Country USA	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PARKER, LAWRENCE 1365 GULF BOULEVARD MADEIRA, FL 33708		Name	
		Street Address (Street Address (P.O. Box Number is Not Acceptable)
		City	To 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) Filing Fee Is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE ☐ Defete TITLE □ Change ☐ Addition DERISO, DAVID C NAME NAME 235 ATLANTA PROVIDENCE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALPHRETTA, GA 30004 CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change — ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete □ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 owner receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: