


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/ FILED
 Mar 13, 2007 8:00 am
 Secretary of State

02-07-2007 90114 045 ****55.00

DOCUMENT # L06000032822

1. Entity Name
 1415 MERIDIAN AVENUE, LLC



Principal Place of Business Mailing Address
 750 OCEAN DRIVE 750 OCEAN DRIVE
 MIAMI BEACH, FL 33139-6220 MIAMI BEACH, FL 33139-6220

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01242007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
 20-4590131 Not Applicable

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

6. Name and Address of Current Registered Agent
 MUHLRAD, DAVID
 750 OCEAN DRIVE
 MIAMI BEACH, FL 33139-6220

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MUHLRAD, DAVID			NAME			
STREET ADDRESS	750 OCEAN DRIVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 331396220			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MUHLRAD, CANDACE			NAME			
STREET ADDRESS	750 OCEAN DRIVE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 331396220			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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 606, Florida Statutes.

SIGNATURE: David Muhlrach Date: 1/29/07 Digits Phone #: 305-532-6811

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