


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000000273					
1. Entity Name MERIDIAN WEST, LTD.					
Principal Place of Business 2937 S.W. 27TH AVENUE, SUITE 303 COCONUT GROVE, FL 33133			Mailing Address 2950 S.W. 27TH AVENUE, #200 COCONUT GROVE, FL 33133		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01-0643113	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04222005 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$8,210,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P02000023052		STREET ADDRESS		
NAME	TCG MERIDIAN WEST, INC.		CITY-ST-ZIP		
STREET ADDRESS	2937 S.W. 27TH AVENUE, SUITE 303				
CITY-ST-ZIP	COCONUT GROVE, FL 33133				
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STREET ADDRESS					
CITY-ST-ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
Date _____ Daytime Phone # _____					

STAPLE CHECK HERE



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