* 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

May 01, 2006 08:00 AN Secretary of State **DOCUMENT # A02000000273** 1. Entity Name MERIDIAN WEST, LTD. \$ 508.75 Principal Place of Business Mailing Address 2950 S.W. 27TH AVENUE, #200 2937 S.W. 27TH AVENUE, SUITE 303 COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 01172006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0643113 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET IN THIS SPACE MIAMI, FL 33130 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. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. P02000023052 DOCUMENT # NAME TCG MERIDIAN WEST, INC. STREET ADDRESS 2937 S.W. 27TH AVENUE, SUITE 303 CITY-ST-ZIP COCONUT GROVE, FL 33133 DOCUMENT # U00000554748 NAME 05/16/06-80006-016 508.75 STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT

14. I hereby certify that the information supplied with this tiling 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 General Partner of the limited partnership or the receiver or trustee employed to execute this report as required by Chapter 620, Florida Statutes

G GENERAL PARTNER

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Date

Daytime Phone #

FILED