2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Apr 30, 2007 08:00 A Secretary of State

DOCUMENT # A02000000273

1. Entity Name MERÍDIAN 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



04182007 No Chg-LP

CR2E003 (12/06)

4. FEI Number Applied For 01-0643113 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

DO NOT WRITE IN THIS SPACE

<u> </u>		
Name and Address of Current Registered Agent		
MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130		DO NOT WRITE IN THIS SPACE
8. The above named entity subhits 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. Lloyd J. Boggio		
SIGNATURE ————————————————————————————————————		
FILE NOW!! KEE IS \$500.00 After May 1, 2007, 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.		
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	P02000023052	
NAME	TCG MERIDIAN WEST, INC.	
STREET ADDRESS	2937 S.W. 27TH AVENUE, SUITE 303	,'
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
DOCUMENT #		1
NAME	ŕ	
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		IN THE OBAGE
DOCUMENT #		IN THIS SPACE
NAME		
STREET ADDRESS		•
CITY-ST-ZIP		
DOCUMENT #		
NAME		U00000748305
STREET ADDRESS		05/17/07-80061-011 508.75
CITY-ST-ZIP		05/1(/01-60061-011 508.65
DOCUMENT #		•

14. 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 accurrate 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 trust the employer at the execute this report as required by Chapter 620, Florida Statutes

Lloyd J. Boggio

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK HERE

GNIN GENERAL PARTNER

Daytime Phone #