2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F9300000036

1. Entity Name

MERIWETHER PROPERTIES, INC.



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

Principal Place of Business

LARRY RAPOPORT

30 ROCKEFELLER PLAZA, ROOM 5600 NEW YORK, NY 10112

Mailing Address LARRY RAPOPORT 30 ROCKEFELLER PLAZA, ROOM 5600



04202007 DO NOT WRITE IN THIS SPACE

NEW YORK, NY 10112

No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 13-3200729 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

ROSENBERG, DONALD S ONE SOUTHEAST THIRD AVENUE, SUITE 2600 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its re	gistered offic	e or re	egistered agent, or bo	th, in the State of Flo	rida. I am familiar with, and ac	cept
SIGNATURE	Signature, typed or printed name of registered agent and little if	applicable (NOTE: R	egistered Agent si	gnature	required when reinstating)		DATE	-
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.					\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP O'NEILL, GEORGE D 30 ROCKEFELLER PLAZA ROOM 560 NEW YORK, NY	00						
TITLE NAME SYREET ADDRESS CITY-ST-ZIP			# 5 5					
TITLE						05/17/07-8	30022-012 158.75	
NAME								
STREET ADDRESS CITY-ST-ZIP					DO	NOT W	RITE	
NAME STREET ADDRESS CITY-ST-ZIP					IN '	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CIFY-ST-ZIP								
12. I hereby of indicated of the cor	certify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowered	ing does not qualify for the docurate and that my to execute this report as	ne exemption signature sha required by	s con Ill hav Chapt	tained in Chapter 119 e the same legal effer er 607, Florida Statute	9, Florida Statutes. I ct as if made under d es; and that my name	further certify that the informat path; that I am an officer or dire appears in Block 10 or Block	ion ctor 11 if