2005 LIMITED LIABILITY COMPANY

FILED Mar 15, 2005 8:00 am Secretary of State

DOCUMENT # L0000000456 1. Entity Name MERIDIAN FARM, L.L.C.					03-15-2005 90347 047 ****50.00				
Principal Place	e of Business	Mailing Address							
3167 OLDE HAMPTON ROAD WELLINGTON, FL 33414		c/o Maria Neary, CFA Geller & Company 800 Third Avenue, 19th Fl. New York NY 10022					- 		
2. Principal Place of Business		3. Mailing Address c/o Maria Neary			CFA				
3167 Olde Hampton Road Suits, Apt. #, etc.		Geller & Company Suite, Apt. #, etc.				_			
		800 Third Ave., 19th FL.		01252005	Chg-LLC	CR2E083	· · · ·		
City & State Wellington, FL 33414		City & State New York, NY 10022		4. FEI Numbe 65-0994				pplied For ot Applicable	
Zip	Country	Zip				of Status Desired		5.00 Ad	ditional
	6. Name and Address of Current I	Registered Agent	l		7. Name and	Address of New Re		e Require	ed
MENED		· ·		7. Name and Address of New Registered Agent Name					
WEINER, LAWRENCE 1428 BRICKELL AVENUE, SUITE 400				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL	33131			•					
		•		City			FL	Zip Cod	e
	named entity submits this statement for	the purpose of changing its	registered	d office or register	ed agent, or both	, in the State of Flor	<u> </u>	ilier with,	and accept
the obligatio	ons of registered agent.	-							
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	:: Registered	Agent signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005				100		At 1	in the table	and the second	
		_				Make Florida	check paya Department	ible to of State	
9.	e by May 1, 2005 MANAGING MEMBEF		10.			ADDITIONS/C	Department HANGES	of State	
9. TITLE	e by May 1, 2005 MANAGING MEMBER MGR	RS/MANAGERS	TITLE			Florida	Department HANGES	of State	Addition
9. TITLE I	e by May 1, 2005 MANAGING MEMBEF		TITLE	ADDRESS	The state of the s	Florida	Department HANGES	of State	
9. TITLE F NAME STREET ADDRESS 7	e by May 1, 2005 MANAGING MEMBER MGR PHILLIPS, CHARLES G		TITLE		15 (15 (15 (15 (15 (15 (15 (15 (15 (15 (Florida	Department HANGES	of State	
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9. TITLE PARE PARE	MANAGING MEMBER MGR PHILLIPS, CHARLES G 775 PARK AVENUE	☐ Delete	TITLE NAME STREET CITY-S TITLE NAME			Florida	Department HANGES	of State	Addition
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11. I hereby certify that the information supplied with this filing does not quality 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

GNATURE: Charles G. Phillips, 2/7/05 (917) 783-50 40 signature and typed on Printed Name of Signing Manager, or authorized representative Date Design Design Phone &