2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L0000001033 1. Entity Name JEFFERSON-MERIDIAN, L.C.					Feb 02, 2005 08:00 AM Secretary of State			
								•
Principal Place of Business Mailing Address				4.0				
107 E. THAI TALLAHASS	RPE ST SEE FL 32303	107 E. THARPE ST TALLAHASSEE FL 32	303					
1								
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE	CR2E08	3 (10/04)	
City & State		City & State		4. FEI Number 59-369404	1	L - 1 · ·	plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired		\$5.00 Addi Fee Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New	Registered /	Agent	
= CD4	ALIANA NASILIANA D			Name				
GRAHAM, WILLIAM B 305 S. GADSDEN STREET TALLAHASSEE FL 32301				Street Address	(P.O. Box Number is Not Acceptab	le)		
.,,,				City		FL	Zip Code	os aa kon⊊ I
9 The shove	named entity submits this statement t	for the ournase of changing its	s register	ed office or registe	ered agent, or both, in the State of E		familiar with, a	and accept
	tions of registered agent.	or the purpose of ortaliging is	. 10g.stor	od omoo or rogista				·
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOT	FE Registere	ed Agent signature require	od when reinstating)	DATE	<u> </u>	.2
<u> </u>		FILE N	OW!!!	FEE IS \$50.00				
		Make Check Payat			l l			
		Du	e By Ma	ay 1, 2005	New test : es			
9.	MANAGING MEME	ERS/MANAGERS	10.		ADDITIONS	CHANGES	-	 <u>- </u>
IIITE	MGRM	☐ Delete	THE		! ለተነጠጠነት	ግታ ተ ማማነኝ	☐ Change	Addition
NAME STREET ADDRESS	GRAHAM, WILLIAM B 1203 KENILWORTH RD.		NAM STRE	ME EET ADORESS		(355 80116-0	กร รกากเ	n - Ē
CITY - ST - ZIP	TALLAHASSEE FL 32312			/-SI-ZIP	ואבו טבו עם	00110 0	00 00.0	
TITLE	MGR	☐ Delete	IIIL	.ē	, <u>, , , , , , , , , , , , , , , , , , </u>		☐ Change	Addition
NAME	REYES, ROBERT F		NAM	AE .				
STREET ADDRESS	2050 FLORIDA AVE.			ELT ADDRESS				
CITY - ST - ZIP	TALLAHASSEE FL 32303	· · -		/-SI-ZIP				
TITLE		☐ Delete	ųц				Change	☐ Addition
NAME STREET ADDRESS			NAM STRE	EET ADDRESS				
CITY-ST-ZIP			- 8	(-S1-7IP				
TITLE .		□ Delete	TITE	E			Change	☐ Addition
NAME			NAM					
STREET ADDRESS			STR	EFT ADDRESS				
CITY-ST-ZIP			CITY	r-\$1-ZIP				
HILE		☐ Detele	BIL	.5	•		Change	Addition
NAME			NAM					
STREET ADDRESS CITY: ST-7IP				EET AOORESS Y-ST-ZIP				
				<u> </u>			Change	☐ Addition
NAME		☐ Delete	î(T) Nam				☐ Change	∟ ∧uuluoli
STREET ADDRESS				FET ADDRESS				
CITY-ST 7IP				Y-ST-2IP			_	
11. I nereby	certify that the information supplied wid on this report is true and accurate an	th this filing does not quality to	or the exe	emption stated in S	ection 119.07(3)(i), Florida Statutes	. I further ce	rtify that the in	formation
indicated limited lia	d on this report is true and accurate an ability company or the receiver or trust	id that my signature shall have see empowered to execute this	e ine sam s report a	ie iegai ettect as it is required by Cha	made under oaut, that i am a mant pter 608, Florida Statutes.	ayıng memb	erormanage	i OI III)e

DIL DD

2-1-05 850-334-7080
Dato Daytime Phone V