LIMITED LIABILITY COMPANY

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Jun 26, 2002 8:00 am
Secretary of State
06-26-2002 90070 014 ****50.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name	L00000013919	1/24/02	
Meridian Gl	obal Advisors	Min	

1. Entity Name Meridian Global Advisors			3/26/02			
<u>.</u>		TE IN THIS S	SPACE .		B 01 2	5805
,	Mace of Business dewater Island Ci #, etc.	3. Mailing Address 6111 Tidewate Suite, Apt. #, etc.	er Island	Cir.	DO NOT WRITE IN THIS S	PACE
City & State Fort My	e yers, Florida	City & State Fort Myers,	Florida	4. FEI Number 65–11	.42132	Applied For Not Applicable
Zip 33908	Country 8 USA	Zip 33908	Country USA	5. Certificate of		5.00 Additional ee Required
₩ ₩ ₩	DO NOT IN THIS	4	Stree City	Bruce D. Green et Address (P.O. Box Number 1520 Royal Palm Suite 320	s Not Acceptable) n Sq. Blvd.	Zip Code 33919
SIGNATURE .	named entity submits this staten	Make Check I	FEE IS \$50.0	0 artment of State	DATE	
9.	MANAGING M	IEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Robert T. Durst, 6111 Tidewater I		TITLE NAME STREET ADDRE CITY-ST-ZIP	1 1		180 (1.2)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fort Myers, Flor	ida 33908	TITLE NAME STREET ADDRE CITY-ST-ZIP	:ss		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRE CITY: ST-ZIP			
11. I hereby	certify that the information supplied	ed with this filing does not qualify	for the exemption	stated in Section 119.07(3)(i), 1	norida Statutes. I turther certi	ry mat the information

indicated on this report is true and accurate aperthat my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited (ability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

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