


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000009211	
1. Entity Name MERIDIAN REAL ESTATE SERVICES, L.L.C.	

Principal Place of Business 3301 BONITA BEACH RD., STE. 200 BONITA SPRINGS FL 34134	Mailing Address 3301 BONITA BEACH RD., STE. 200 BONITA SPRINGS FL 34134
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E083 (11/03)

4. FEI Number 65-1111491	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DOWNER, MARLENE 3301 BONITA BEACH RD., STE. 200 BONITA SPRINGS FL 34134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits 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.

SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, TYLIN J 3301 BONITA BEACH RD., STE. 200 BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000066286 02/26/04-80009-005 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: 	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>
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