

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L01000010490

1. Entity Name
MERIDIAN REALTY ASSOCIATES LLC



Principal Place of Business

**1300 COLLINS AVE.
MIAMI BEACH, FL 33139**

Mailing Address

**1300 COLLINS AVE.
MIAMI BEACH, FL 33139**



02222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0150984

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHLESSER, MELVYN
1300 COLLINS AVE. #100
MIAMI BEACH, FL 33139**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SEHLESSER, MEL
STREET ADDRESS	1300 COLLINS AVE.
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	MGRM
NAME	LEEDS, ARTHUR
STREET ADDRESS	215 W 83 STREET
CITY-ST-ZIP	NEW YORK, NY 10024
TITLE	MGRM
NAME	GERSHON, ROBERT
STREET ADDRESS	315 W 55 STREET
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	MGRM
NAME	GERSHON, MELVIN
STREET ADDRESS	315 W 55 STREET
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

Date

Daytime Phone #

Melvin Schless

2/26/08

305-531-3155