

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L02000010213**

1. Entity Name  
**MERIDIAN OAKS, LLC**



Principal Place of Business  
**4501 BEVERLY AVENUE  
JACKSONVILLE, FL 32210**

Mailing Address  
**4501 BEVERLY AVENUE  
JACKSONVILLE, FL 32210**

**DO NOT WRITE IN THIS SPACE**

**FILED  
Apr 19, 2004 8:00 am  
Secretary of State**

04-19-2004 90037 029 \*\*\*\*50.00



02042004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>02-0611288</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**ATLEE, KENYON S  
4501 BEVERLY AVENUE  
JACKSONVILLE, FL 32210**

**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

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ATLEE, KENYON S 5213 ORTEGA OAKS LN JACKSONVILLE, FL 32210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>CRISP, DALE K 5108 HARBOUR PT. CIRCLE JACKSONVILLE, FL 32210</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE:

*Kenyon S. Atlee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

904-384-6964

Date Daytime Phone #