



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90027 047 \*\*\*\*55.00

DOCUMENT # L02000014264					
<b>1. Entity Name</b> 1700 MERIDIAN ASSOCIATES, L.L.C.					
<b>Principal Place of Business</b> C/O MELAND & RUSSIN, P.A. 200 S. BISCAYNE BLVD., SUITE 2420 MIAMI, FL 33131			<b>Mailing Address</b> 200 S. BISCAYNE BLVD., SUITE 3000 MIAMI, FL 33137		
<b>2. Principal Place of Business</b> 828 WASHINGTON AVE		<b>3. Mailing Address</b> 828 WASHINGTON AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162004    Chg-LLC    CR2E083 (10/03)	
<b>City &amp; State</b> MIAMI BEACH, FL		<b>City &amp; State</b> MIAMI BEACH, FL		<b>4. FEI Number</b> 33-1009156	
<b>Zip</b> 33139		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MELAND RUSSIN HELLINGER & BUDWICK, P.A. 200 S. BISCAYNE BLVD. 3000 WACHOVIA FINANCIAL CTR. MIAMI, FL 33131			<b>7. Name and Address of Now Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM COVIN, GREG 2800 BISCAYNE BLVD., #300 MIAMI, FL 33137	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM LIEBERMAN, ALAN 828 WASHINGTON AVE MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> _____			ALAN LIEBERMAN    4/6/04    305 585 1903		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date    Daytime Phone #</small>		