

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000014264

1. Entity Name
1700 MERIDIAN ASSOCIATES, L.L.C.



Principal Place of Business
828 WASHINGTON AVE
MIAMI BEACH, FL 33139

Mailing Address
828 WASHINGTON AVE
MIAMI BEACH, FL 33139



03072006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
33-1009156

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELAND RUSSIN HELLINGER & BUDWICK, P.A.
200 S. BISCAYNE BLVD.
3000 WACHOVIA FINANCIAL CTR.
MIAMI, FL 33131

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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, 2006

000000467148
11/23/05-00039-008 \$5.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COVIN, GREG
2800 BISCAYNE BLVD., #300
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LIEBERMAN, ALAN
828 WASHINGTON AVE
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 #