


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90141 048 \*\*\*\*50.00

**DOCUMENT # L03000012929**

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



Principal Place of Business  
**9532 BYRON AVENUE  
 SURFSIDE, FL 33154 US**

Mailing Address  
**701 BRICKELL AVE  
 STE 3000  
 MIAMI, FL 33131 US**

15-7277727



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02122007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION  
 701 BRICKELL AVE  
 SUITE 3000  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEHMAN, JEFF 9532 BYRON AVENUE SURFSIDE, FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CRUZ, PEDRO 9532 BYRON AVENUE SURFSIDE, FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **JEFF LEHMAN** **2/25/07** **305 720 9599**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #