

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

03-18-2004 90182 039 *****50.00

DOCUMENT # L03000032289 1. Entity Name THE MEADOWS, LLC.					
Principal Place of Business 2020 W. PENSACOLA STREET SUITE 27 TALLAHASSEE, FL 32304			Mailing Address 2020 W. PENSACOLA STREET SUITE 27 TALLAHASSEE, FL 32304		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address P.O. Box 2535 Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
32316		32316		Country	
4. FEI Number 06-1705857				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEONI, STEVEN M 2020 WEST PENSACOLA STREET SUITE 27 TALLAHASSEE, FL 32304			7. Name and Address of New Registered Agent Name Leoni, Steven M Street Address (P.O. Box Number is Not Acceptable) 2020 West Pensacola St. Suite # 27 City Tallahassee FL Zip Code 32304		
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 2/26/04 DATE					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONI, STEVEN 2020 W. PENSACOLA STREET TALLAHASSEE, FL 32304 ok	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUDNICK, JAMES 2020 W. PENSACOLA STREET TALLAHASSEE, FL 32304 ok	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Principal Peter S Rosen P.O. Box 2535 Tallahassee, FL 32316		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Principal SWIR - GSCUBAL P.O. Box 2535 Tallahassee, FL 32316		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: 2/26/04 580-3131					