


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90076 037 ****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 PO BOX 2535 TALLAHASSEE, FL 32316
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DO NOT WRITE IN THIS SPACE



02032005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 06-1705857	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LEONI, STEVEN M 2020 WEST PENSACOLA STREET SUITE 27 TALLAHASSEE, FL 32304

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONI, STEVEN 2020 W. PENSACOLA STREET, SUITE 27 PO BOX 2535 TALLAHASSEE, FL 32304 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUDNICK, JAMES 2020 W. PENSACOLA STREET, SUITE 27 PO BOX 2535 TALLAHASSEE, FL 32304 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRASSEN, PETER Rosen, Peter PO BOX 2535 TALLAHASSEE, FL 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESCOBAR, JAVIER Escobar, Javier PO BOX 2535 TALLAHASSEE, FL 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  03-15-05 5803131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #