

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 18, 2006  
Secretary of State**

DOCUMENT# L04000009224

Entity Name: MIAMI MERIDIAN, LLC

**Current Principal Place of Business:**

3190 N.W. 77 COURT  
MIAMI, FL 33122 US

**New Principal Place of Business:**

**Current Mailing Address:**

3190 N.W. 77 COURT  
MIAMI, FL 33122 US

**New Mailing Address:**

FEI Number: 20-4093327      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DESLIS, LUIS  
3190 N.W. 77 COURT  
MIAMI, FL 33122 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DESLIS, LUIS  
Address: 3190 N.W. 77 COURT  
City-St-Zip: MIAMI, FL 33122 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: DESLIS, ANGEL  
Address: 19185 NW, 22 ST.  
City-St-Zip: WEST HOLLYWOOD, FL 33029MGRM

Title: MGRM ( ) Change (X) Addition  
Name: RODRIGUEZ, RAUL  
Address: 3190 NW 77CT.  
City-St-Zip: MIAMI, FL 33122

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LUIS DESLIS

MGRM

01/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date