

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022192

FILED
Jan 17, 2006
Secretary of State

Entity Name: MEADOWS HOLDINGS, LLC

Current Principal Place of Business:

4800 LINTON BOULEVARD
A201
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

4800 LINTON BOULEVARD
A201
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 20-1117999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEADOWS, STEVE
4800 LINTON BOULEVARD
A201
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

SCHWARTZ, P.A., DEREK A
2385 EXECUTIVE CENTER DRIVE
SUITE 190
BOCA RATON, FL 33431 US

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: DEREK A. SCHWARTZ, P.A.

01/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEADOWS, STEVE
Address: 4800 LINTON BOULEVARD, A201
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM () Delete
Name: MEADOWS, MICHAEL
Address: 12 POPLAR LANE
City-St-Zip: COMACK, NY 11725 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: MEADOWS, MICHAEL L
Address: 12 POPLAR LANE
City-St-Zip: COMMACK, NY 11725 US

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: MICHAEL L. MEADOWS

MGRM

01/17/2006

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