


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 09, 2006 8:00 am
Secretary of State

05-05-2006 90032 041 ****50.00

DOCUMENT # L04000092172	
1. Entity Name MERIDIAN PARTNERS, LLC	

Principal Place of Business 8875 HIDDEN RIVER PARKWAY, SUITE 550 TAMPA FL 33637	Mailing Address 8875 HIDDEN RIVER PARKWAY, SUITE 550 TAMPA FL 33637
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2. Principal Place of Business 100 South Ashley Suite 800 Tampa FL 33602 Hills	3. Mailing Address 100 S. Ashley Suite 800 Tampa FL 33602 Hills
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1st MOORE CR2E083 (10/05)

4. FEI Number 59-3604434	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BAKER, WALTER U 8875 HIDDEN RIVER PARKWAY, SUITE 550 TAMPA FL 33637

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 [Signature] DATE 2/5/06
(Signature, typed or printed name of registered agent and date is applicable) (NOTE: Registered Agent signature required when reappointing) (DATE)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Managing Partner
Glenn G. Anderson
1422 Euclid Ave Suite 721
Cleveland, OH 44115

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [Signature] DATE 2/03/06 813 866 7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE (Name) (Daytime Phone #)