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Jul 10, 2006 8:00 am
Secretary of State

05-03-2006 90027 010 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000000428

1. Entity Name
MERIDIAN GROUP LIMITED LIABILITY COMPANY

30011672

Principal Place of Business	Mailing Address
2737 NW 58TH BLVD. GAINESVILLE, FL 32606	2737 NW 58TH BLVD. GAINESVILLE, FL 32606

02202006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
500 NW 43RD STREET	500 NW 43RD STREET
Suite, Apt. #, etc. STE 3	Suite, Apt. #, etc. STE 3
City & State GAINESVILLE FL	City & State GAINESVILLE FL
Zip 32607 Country USA	Zip 32607 Country USA

4. FEI Number 20-2103502 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUDSON, JOHN
2841 N.W. 41ST STREET
GAINESVILLE, FL 32608

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM HUDSON, JOHN 500 NW 43RD STREET, STE 3 GAINESVILLE FL 32607 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Change ☐ Addition
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
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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 exemptions contained in Chapter 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] 4/13/06 373-18[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #