

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119193

**FILED**  
**Mar 26, 2009**  
**Secretary of State**

**Entity Name:** ALLEN KONRAD MERIDIAN INVESTORS LLC

**Current Principal Place of Business:**

1877 S. FEDERAL HIGHWAY  
BOCA RATON, FL 33432

**New Principal Place of Business:**

6600 N. ANDREWS AVENUE  
SUITE 282  
FORT LAUDERDALE, FL 33309 US

**Current Mailing Address:**

1877 S. FEDERAL HIGHWAY  
BOCA RATON, FL 33432

**New Mailing Address:**

6600 N. ANDREWS AVENUE  
SUITE 282  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 20-3414938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLEN KONRAD REAL ESTATE MANAGEMENT CORP.  
1877 S. FEDERAL HIGHWAY  
BOCA RATON, FL 33432 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: MGR ( ) Delete  
Name: ALLEN KONRAD REAL ES, TATE MANAGEMENT CORP.  
Address: 1877 S. FEDERAL HIGHWAY  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KONRAD INVESTMENT MA, NAGEMENT CORP.  
Address: 6600 N. ANDREWS AVENUE, SUITE 282  
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT KONRAD

MGR

03/26/2009

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