

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90143 017 ****55.00

DOCUMENT # L06000026552			
1. Entity Name MERIDIEN HOME LLC			
Principal Place of Business C/O 1222 NE 4TH AVENUE FORT LAUDERDALE, FL 33304 US		Mailing Address C/O 1222 NE 4TH AVENUE FORT LAUDERDALE, FL 33304 US	
2. Principal Place of Business - No P.O. Box # 6770 INDIAN CREEK Suite, Apt. #, etc. APT: T-F City & State MIAMI BEACH Zip 33141 Country FLORIDA		3. Mailing Address 6770 INDIAN CREEK Suite, Apt. #, etc. APT: T-F City & State MIAMI BEACH Zip 33141 Country FLORIDA	
4. FEI Number 02062007 Chg-LLC CR2E083 (12/06)		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, LINE C/O 1222 NE 4TH AVENUE FORT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name: LINE MARTIN Street Address (P.O. Box Number is Not Acceptable): 6770 INDIAN CREEK City: MIAMI BEACH FL Zip Code: 33141	
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: DATE: 6 MARS 2007 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE: MGR NAME: MARTIN, LINE STREET ADDRESS: C/O 1222 NE 4TH AVENUE CITY-ST-ZIP: FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: MGR NAME: FIORILLI, GUERINO STREET ADDRESS: C/O 1222 NE 4TH AVENUE CITY-ST-ZIP: FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: LINE MARTIN		DATE: 6 MARS 2007	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone: #</small>	