

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044796

Entity Name: CD119 MERIDIAN, LLC

FILED
Mar 10, 2011
Secretary of State

Current Principal Place of Business:

1350 E. NEWPORT CENTER DRIVE, SUITE 206
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

610 N. WYMORE ROAD,
SUITE 200
MAITLAND, FL 32751

Current Mailing Address:

1350 E. NEWPORT CENTER DRIVE, SUITE 206
DEERFIELD BEACH, FL 33442

New Mailing Address:

610 N. WYMORE ROAD,
SUITE 200
MAITLAND, FL 32751

FEI Number: 20-4839603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KASSOF, LINDA G
1350 E. NEWPORT CENTER DRIVE, SUITE 206
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

KASSOF, LINDA G
610 N. WYMORE ROAD, STE 200
MAITLAND, FL 32751 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:

03/10/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: REIBLING, LORENZ
Address: 22 BATTERYMARCH STREET
City-St-Zip: BOSTON, MA 02109

Title: MGR
Name: REIBLING, GUENTHER
Address: 610 N. WYMORE ROAD, STE 200
City-St-Zip: MAITLAND, FL 32751

Title: MGR
Name: MERRIGAN, PETER
Address: 22 BATTERYMARCH STREET
City-St-Zip: BOSTON, MA 02109

Title: MGR
Name: KASSOF, LINDA G
Address: 610 N. WYMORE ROAD, STE 200
City-St-Zip: MAITLAND, FL 32751

Title: MGR
Name: MCFADDEN, JEFF
Address: 610 N. WYMORE ROAD, STE 200
City-St-Zip: MAITLAND, FL 32751

I hereby 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: LINDA G KASSOF

MGR

03/10/2011

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