2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# L07000061123

Entity Name: UNIT 101 MERIDIAN SQUARE, LLC

Current Principal Place of Business:

6971 W. SUNRISE BLVD., SUITE 101
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

6971 W. SUNRISE BLVD., SUITE 101
PLANTATION, FL 33313

New Mailing Address:

FEI Number: 26-0607746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GOHILL, JULIANA D.D.S.
6971 W. SUNRISE BLVD., SUITE 101
PLANTATION, FL 33313 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: MGRM ( ) Delete
Name: GOHILL, JULIANA K D.D.S.
Address: 6971 W. SUNRISE BLVD., SUITE 101
City-St-Zip: PLANTATION, FL 33313

Title: M ( ) Delete
Name: AGUDELO, MONICA A DDS
Address: 6971 W SUNRISE BLVD SUITE 101
City-St-Zip: PLANTATION, FL 33313

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: AGUDELO, MONICA A DDS
Address: 6971 W SUNRISE BLVD SUITE 101
City-St-Zip: PLANTATION, FL 33313

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: JULIANA K GOHILL MGRM 06/15/2009

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