LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # MO200000000			•	FILED		
LB MERIDIAN LLC				2004 MAY 24 AM 8: 35		
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address			distribution of the state of th	DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA		
745 SEVENTH AVE 70 HUDSON STRE Suite, Apt. #, etc. Suite, Apt. #, etc.		TREE	ET	DO NOT WRITE IN THIS SPACE		
City & State City & State				4. FEI Number	Applied For	
NEW YORK , N.Y.	JERSEY CITY, NJ		J	PENDING	Not Applicable	
Zip Country	Zip	Zip Country		S Carrificate of Status Desired	.00 Additional	
10019	07302			LFee	Required	
DO NOT WRITE IN TI	HS SPACE	14.5	Name 7.	. Name and Address of Current Registered A	gent	
			CORPORATION SERVICES COMPANY			
. Street Address ((P.O. Box Number is Not Acceptable)		
			······································			
		1201 HAYS STREET				
			City TALLAHA	SSE FL	ip Code 32301	
8. The above named entity submits this statemen	t for the purpose of changi	no its rea				
and accept the obligations of registered agent.	ic for the purpose of changi	ng na reg	istered office of re	sgistered agent, or both, in the otate of Florida. I	am iamida widi,	
				.		
SIGNATURE Signature, typed or printed name of regist	ered agent and titte if applicable	le.			DATE	
	The rest to to the sale of	EEE IS	\$50.00		<u> </u>	
Make Check Payable to Florida Department of State 02/04-01051-002 **100.00						
9. § MANAGING MEMBER	S/MANAGERS		modeling eaglas		ត	
TITLE MGRM		TITLE			CRZE083B (12/02)	
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. 11-1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.						
manager of the million hability company of the receiver of thoses empowered to execute this report as required by Chapter 600, Florida Statutes.						
SIGNATURE: Barry J. O'Brien 4/26/04 201-499-6899						
SIGNATURE: DAILY D. DELLET 4/26/04 201-499-6699 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, Date Daytime Phone # OR AUTHORIZED REPRESENTATIVE						
SIGNATURE AND TYPED OR						

STF FL32519F.1