


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000001821**  
1. Entity Name  
**MERIDIAN GLOBAL ADVISORS, LLC**



Principal Place of Business <b>1342 COLONIAL BLVD., STE. 27 FORT MYERS, FL 33907</b>	Mailing Address <b>1342 COLONIAL BLVD., STE. 27 FORT MYERS, FL 33907</b>
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**DO NOT WRITE IN THIS SPACE**



04192005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>72-1564325</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MOSNY, RUDOLF Y  
1342 COLONIAL BLVD., STE. 27  
FORT MYERS, FL 33907**

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2005**

U00000326316  
04/23/05-80051-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MOSNY, RUDOLF Y 1342 COLONIAL BLVD., STE. 27 FORT MYERS, FL 33907</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HENNING, RHONDA 1342 COLONIAL BLVD STE 27 FORT MYERS, FL 33907</b>
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11. I 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.

**SIGNATURE:** *Rhonda Henning Rhonda Henning* **4/19/05 239/931-7676**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #