2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT · -FILED **DOCUMENT # M04000002037** Jul 15, 2008 08:00 AM MERIDIAN CAPITAL GROUP, LLC **Secretary of State** Principal Place of Business Mailing Address ONE BATTERY PARK ROAD 2385 EXECUTIVE CENTER DRIVE #400 NEW YORK, NY 10004 BOCA RATON, FL 33431 07032008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2165605 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited U00000954968 07/15/08-80005-019 143.75 liability company did not receive the prior notice. MANAGING MEMBERS/MANAGERS 9. TITL F MGRM BROWN, MICHAEL NAME STREET ADDRESS 5355 TOWN CENTER ROAD, SUITE 1002 CITY-ST-7IP BOCA RATON, FL 33486 TITLE NAME STREET ADDRESS CITY-ST-ZIP MAR NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this jung does not qualify for the exemptions contained in Chapter 119. 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 frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-7IP

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTAT

7/2/08

212 612 0141

Daytime Phone #