

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000523

FILED
Apr 28, 2006
Secretary of State

Entity Name: MERIDIAN CAPITAL PARTNERS INTERNATIONAL, LLC

Current Principal Place of Business:

C/O AMERICAN GALLERY HOMES
1342 COLONIAL BLVD, STE 27
FORT MYERS, FL 33907

New Principal Place of Business:

C/O AMERICAN GALLERY HOMES
1342 COLONIAL BLVD, STE D 27
FORT MYERS, FL 33907

Current Mailing Address:

C/O AMERICAN GALLERY HOMES
1342 COLONIAL BLVD, STE 27
FORT MYERS, FL 33907

New Mailing Address:

C/O AMERICAN GALLERY HOMES
1342 COLONIAL BLVD, STE D27
FORT MYERS, FL 33907

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MOSNY, RUDOLF
C/O AMERICAN GALLERY HOMES
1342 COLONIAL BLVD, STE 27
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

MOSNY, RUDOLF
C/O AMERICAN GALLERY HOMES
1342 COLONIAL BLVD, STE D27
FORT MYERS, FL 33907 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: _____ 04/28/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOSNY, RUDOLF Y
Address: 1342 COLONIAL BLVD, STE 27
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOSNY, RUDOLF Y
Address: 1342 COLONIAL BLVD, STE D27
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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: RUDOLF MOSNY MGR 04/28/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date