

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90108 025 ***138.75

DOCUMENT # M05000003524 1. Entity Name MERIDIAN REALTY INVESTMENTS, LLC			
Principal Place of Business 325 FIFTH AVE SUITE 202 INDIALANTIC, FL 32903		Mailing Address 325 FIFTH AVE. SUITE 202 INDIALANTIC, FL 32903	
2. Principal Place of Business - No P.O. Box # 325 Fifth Avenue Suite, Apt. #, etc. Suite 100 City & State Indialantic FL Zip 32903		3. Mailing Address 325 Fifth Avenue Suite, Apt. #, etc. Suite 100 City & State Indialantic FL Zip 32903	
4. FEI Number 31-1571970		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FITZGERALD, BRENDAN T 325 FIFTH AVE. SUITE 202 INDIALANTIC, FL 32903		7. Name and Address of New Registered Agent Name Fitzgerald, Brendan Street Address (P.O. Box Number is Not Acceptable) 325 Fifth Avenue Suite 100 City Indialantic FL Zip Code 32903	
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 <u><i>BZ Fitzgerald</i></u> DATE <u>4-11-08</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, TERRIL 200 S. FIFTH STREET, STE. 700 LOUISVILLE, KY 40202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FITZGERALD, BRENDAN T 325 FIFTH AVE. SUITE 202 INDIALANTIC, FL 32903 <input type="checkbox"/> Delete	MGR Fitzgerald, Brendan 325 Fifth Avenue Suite 100 Indialantic FL 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCDONOUGH, JOHN P 1266 FURNACE BROOK PARKWAY QUINCY, MA 02169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	manager John Boc 101 South Fifth Street, Suite 300 Louisville, KY 40202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	manager yvonne williams 325 Fifth Street Suite 100 Indialantic FL 32903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u><i>BZ Fitzgerald</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4-11-08</u> Daytime Phone # <u>321-956-2000</u>	

50003252



02072008 Chg-LLC CR2E083 (12/06)