2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 12, 2009
Secretary of State

DOCUMENT# M05000004594

Entity Name: MERITAS, LLC

Current Principal Place of Business:

550 WEST CYPRESS CREEK ROAD
SUITE 400
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

550 WEST CYPRESS CREEK ROAD
SUITE 400
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 20-2418348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	CEO	( ) Delete
Name:	GAMSE, MAC	
Address:	550 W. CYPRESS CREEK RD., SUITE 400	
City-St-Zip:	FORT LAUDERDALE, FL 33309	
Title:	P	(X) Delete
Name:	ALTSCHULER, JEFFREY	
Address:	550 W. CYPRESS CREEK RD., SUITE 400	
City-St-Zip:	FORT LAUDERDALE, FL 33309	
Title:	CFO	( ) Delete
Name:	CIRULNICK, ROBERT	
Address:	550 W. CYPRESS CREEK RD., SUITE 400	
City-St-Zip:	FORT LAUDERDALE, FL 33309	
Title:	S	( ) Delete
Name:	MILLER, MARY JANE	
Address:	550 W. CYPRESS CREEK RD., SUITE 400	
City-St-Zip:	FORT LAUDERDALE, FL 33309	
Title:	SVP	( ) Delete
Name:	SPRUCE, WILLIAM D	
Address:	550 W. CYPRESS CREEK RD., SUITE 400	
City-St-Zip:	FORT LAUDERDALE, FL 33309	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: MARY JANE MILLER S 08/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date