

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003666

FILED
Jan 08, 2009
Secretary of State

Entity Name: MERIDIAN MANAGEMENT GROUP, LLC

Current Principal Place of Business:

800 KINDERKAMACK RD
ORADELL, NJ 07649

New Principal Place of Business:

800 KINDERKAMACK RD, STE 302
ORADELL, NJ 07649

Current Mailing Address:

800 KINDERKAMACK RD
ORADELL, NJ 07649

New Mailing Address:

800 KINDERKAMACK RD, STE 302
ORADELL, NJ 07649

FEI Number: 22-3713596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCH, JOHN D ESQ
1267 BERKSHIRE LANE
SUITE 200
TARPON SPRINGS, FL 34688 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: MGRM () Delete
Name: LEYS, KEVIN
Address: 800 KINDERKAMACK RD
City-St-Zip: ORADELL, NJ 07649

Title: MGRM () Delete
Name: WHALEN, SUZANNE
Address: 800 KINDERKAMACK RD
City-St-Zip: ORADELL, NJ 07649

Title: MGRM () Delete
Name: FIELDS, DORTOTHY
Address: 800 KINDERKAMACK RD
City-St-Zip: ORADELL, NJ 07649

Title: MGRM () Delete
Name: DERISO MITCHELL, KATHLEEN
Address: 800 KINDERKAMACK RD
City-St-Zip: ORADELL, NJ 07649

Title: MGRM () Delete
Name: GONZALES, CONRAD
Address: 800 KINDERKAMACK RD
City-St-Zip: ORADELL, NJ 07649

Title: MGRM () Delete
Name: HOLMES, JEFF
Address: 800 KINDERKAMACK RD
City-St-Zip: ORADELL, NJ 07649

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEYS, KEVIN
Address: 800 KINDERKAMACK RD, STE 302
City-St-Zip: ORADELL, NJ 07649

Title: MGRM (X) Change () Addition
Name: WHALEN, SUZANNE
Address: 800 KINDERKAMACK RD, STE 302
City-St-Zip: ORADELL, NJ 07649

Title: MGRM (X) Change () Addition
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Title: MGRM (X) Change () Addition
Name: HOLMES, JEFF
Address: 800 KINDERKAMACK RD, STE 302
City-St-Zip: ORADELL, NJ 07649

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 LITTLEJOHN-GARBER

CONS

01/08/2009

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