

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
04 APR -5 PM 5:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L01000021232</b> 1. Entity Name: <b>MERRITT HOUSING, LLC</b>		
Principal Place of Business <b>585 N. COURTENAY PARKWAY SUITE 101 MERRITT ISLAND, FL 32953</b>		Mailing Address <b>585 N. COURTENAY PARKWAY SUITE 101 MERRITT ISLAND, FL 32953</b>
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country



01282004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>59-3759498</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

BK

<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> Zip Code _____
---	---

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, MICHAEL	NAME	
STREET ADDRESS	585 N COURTENAY PARKWAY, SUITE 101	STREET ADDRESS	300032100173
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	CITY-ST-ZIP	04/07/04--01049--004 **50.00
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACE, DONALD	NAME	
STREET ADDRESS	585 N COURTENAY PARKWAY, SUITE 101	STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWC HOUSING, LLC	NAME	
STREET ADDRESS	4401 NORTH MESA STREET	STREET ADDRESS	
CITY-ST-ZIP	EL PASO, TX 79902	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  02/3/04 321-453-2932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #