

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 APR 15 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000022250

1. Entity Name
MERRITT PLACE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
585 N. COURTENAY PARKWAY

3. Mailing Address
585 N. COURTENAY PARKWAY

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
SUITE 101

Suite, Apt. #, etc.
SUITE 101

City & State
MERRITT ISLAND, FL

City & State
MERRITT ISLAND, FL

4. FEI Number
30-0019638

Applied For
Not Applicable

Zip Country
32943 32953 USA

Zip Country
32953 USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND ROAD

City PLANTATION FL Zip Code 33324

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE _____

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE M
NAME Merritt Housing GP, LLC
STREET ADDRESS 585 N. Courtenay Pkwy., Ste.101
CITY-ST-ZIP Merritt Island, FL 32953

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*****55.00 *****55.00

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: Michael Hartman *Michael Hartman* Merritt Housing GP, LLC, Sole Member
Michael Hartman, member 3/28/02 321-453-2932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)