2004 LIMITED LIABILITY COMPANY

1/* 11 \		ANNUA	L REPORT		
Principal Place of Business 585 N. COURTENAY PARKWAY, SUITE 101 MERRITT ISLAND, FL 32953 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 SECRETARY OF STATE TALLAHASSEE. FLORIDA 1282004 Chg-LLC CR2E083 (10/03) 4. FEI Number 30-0019638 S. Country S. Certificate of Status Desired See Required Fee Required T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. Lam familiar with, and acceptable	1. Entity Name				17.18h
Suite, Apt. #, etc. Suite, Apt. #, etc. O1282004 Chg-LLC CR2E083 (10/03)	585 N. COURTENAY PARKWAY, SUITE 101		585 N. COURTENAY PAR		SECRETARY OF STATE TALLAHASSEE. FLORIDA
City & State Country Country Country Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc	2. Principal Place of Business		3. Mailing Address	······································	
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL 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 acc	Suite, Apt. #, etc.		Suite, Apt. #, etc.	XIV	01282004 Chg-LLC CR2E083 (10/03)
S. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Cit			City & State	1151	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Street Address (P.O. Box Number is Not Acceptable) City FL 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 acceptable	Zip			Country	
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 acc	1200 SOUTI	H PINE ISLAND ROAD		Street Address	
and congained to the good to taget it.	8. The above no	amed entity submits this statement	for the purpose of changing its re	egistered office or registe	
SIGNATURE	SIGNATURE				
Filing Fee is \$50.00 Due by May 1, 2004 NOTE: Registered Agent signature required when reinstating) Make check payable to Florida Department of State	Fili Due	ng Fee is \$50.00 e by May 1, 2004			Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM Delete TITLE GRANGE ADDITIONS/CHANGES					
TITLE	NAME STREET ADDRESS 5	MERRITT HOUSING GP, LLC 585 N COURTENAY PKWY., S		NAME STREET ADDRESS	
TITLE Delete TITLE Change Add	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Change Add Add Change Add NAME STREET ADDRESS CITY-ST-ZIP	NAME		☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
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TITLE Delete TITLE Change Add NAME STREET ADDRESS CITY-ST-ZIP Change Add NAME CTY-ST-ZIP	CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition .
TITLE NAME NAME STREET ADDRESS 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	TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	

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.

By: Mercitt Housing CP, LLC

GNATURE:

2/3/04

32/-453-29

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

32/-453-2932 Daytime Phone #