2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000011301

1. Entity Name
MERCHANT PROPERTIES HARBOURTOWN. L.L.C.

Principal Place of Business	Mailing Address *5393 Soundside DR*
913 GULF BREEZE PKWY.	~~913 GULF BREEZE PKWY.~~
GULF BREEZE, FL 32563	GULF BREEZE, FL 32563

01262004 No Chg-LLC   CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
01-0712680	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MERCHANT, HAROLD M JR
5393 SOUNDSIDE DRIVE
GULF BREEZE, FL 32561

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MERCHANT, HAROLD M
STREET ADDRESS	5393 SOUNDSIDE DR.
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   3-3-04   850 932-0329

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