


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90035 011 \*\*\*\*50.00

<b>DOCUMENT # L02000011301</b>	
1. Entity Name MERCHANT PROPERTIES HARBOURTOWN, L.L.C.	

Principal Place of Business 913 GULF BREEZE PKWY. GULF BREEZE, FL 32563	Mailing Address 5393 SOUNDSIDE DR GULF BREEZE, FL 32563
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20019679



03082005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0712680	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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FOR INFORMATION OF THE PUBLIC

**6. Name and Address of Current Registered Agent**

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

FOR INFORMATION OF THE PUBLIC

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

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

FOR INFORMATION OF THE PUBLIC

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:** Harold M. Merchant, Jr. 3-8-05 850-932-0329  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #