


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90007 028 *****50.00

DOCUMENT # L02000011301				
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		
2. Principal Place of Business - No P O Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt #, etc		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 01-0712680 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required 01042007 Chg-LLC CR2E083 (12/06)		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
MERCHANT, HAROLD M JR 5393 SOUNDSIDE DRIVE GULF BREEZE, FL 32561			Name	
			Street Address (P O Box Number is Not Acceptable)	
			City	
			FL	
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, 2007		Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERCHANT, HAROLD M	NAME		
STREET ADDRESS	5393 SOUNDSIDE DR.	STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32563	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	
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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 exemptions contained in Chapter 119, 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: <u>Harold M. Merchant Jr</u>				Date: <u>1-12-07</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #