

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90030 017 ****50.00

0048987

DOCUMENT # L02000011311

1. Entity Name

MERCHANT PROPERTIES GREENBRIAR, L.L.C.



Principal Place of Business

**5393 SOUNDSIDE DRIVE
GULF BREEZE FL 32561**

Mailing Address

**5393 SOUNDSIDE DRIVE
GULF BREEZE FL 32561**

2. Principal Place of Business

3362 Greenbriar Cir

3. Mailing Address

5393 Soundside DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulf Breeze FL

City & State

Gulf Breeze FL

Zip

32563

Country

Santa Rosa

Zip

32563

Country

Santa Rosa

6. Name and Address of Current Registered Agent

**MERCHANT, HAROLD M JR
5393 SOUNDSIDE DRIVE
GULF BREEZE FL 32561 32563**

4. FEI Number

03-0470259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



7. 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. 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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR.** ☐ Delete
NAME **HAROLD M. Merchant JR**
STREET ADDRESS **5393 Soundside DR**
CITY-ST-ZIP **Gulf Breeze FL 32563**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

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

Date

Daytime Phone #

4-15-03 850-932-9329

CR2E083 (10/02)