2004 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Mar 08, 2004 08:00 AM DOCUMENT # L02000011312 **Secretary of State** MERCHANT PROPERTIES CORDOVA, L.L.C. Principal Place of Business Mailing Address 4400 BAYOU BLVD, STE 46 5393 SOUNDSIDE DRIVE PENSACOLA, FL 32503 GULF BREEZE, FL 32563 CR2E083 (10/03) 01262004No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0712237 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **DO NOT WRITE** MERCHANT, HAROLD M JR 5393 SOUNDSIDE DRIVE GULF BREEZE, FL 32563 IN THIS SPACE 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 according 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) U00000079771 Filing Fee is \$50.00 Due by May 1, 2004 03/08/04-80082-004 50.00 MANAGING MEMBERS/MANAGERS 9. TITLE MERCHANT, HAROLD M JR NAME STREET ADDRESS 5393 SOUNDSIDE DR GRY-SI-ZP GULF BREEZE, FL 32563 IIILE NAME STREET AUURESS CITY-ST-ZIP MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP nne NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby cartily that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 it made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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