

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90034 036 ****50.00



DOCUMENT # L03000022673

1. Entity Name

MERCHANT CHERRY LANE, LLC

Principal Place of Business

1858 OKEECHOBEE RD.
 WEST PALM BEACH FL 33409

Mailing Address

1858 OKEECHOBEE RD.
 WEST PALM BEACH FL 33409



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State

City & State

4. FEI Number

57-6208611

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ALEXANDER, LARRY B~~
~~605 SOUTH FLAGLER DR., STE. 1100~~
~~WEST PALM BEACH FL 33401~~

Name **Torcivia, Glen**

Street Address (P.O. Box Number is Not Acceptable)

701 North Pointe

West Palm Beach, FL 33407

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, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
SUC-	MERCHANT, JEAN C	P.O. BOX 6115	WEST PALM BEACH FL 33405	<input type="checkbox"/>
SUC-	MERCHANT, SHARON J	P.O. BOX 6115	WEST PALM BEACH FL 33405	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sharon J. Merchant*

1-19-07 561-683-6400

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

Date

Telephone Number