

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049462

FILED
Apr 08, 2008
Secretary of State

Entity Name: MERCER PROPERTY INVESTORS, LLC

Current Principal Place of Business:

2800 PONCE DE LEON BLVD., SUITE 1125
MIAMI, FL 33134

New Principal Place of Business:

1600 NW 163 STREET
MIAMI, FL 33169 US

Current Mailing Address:

2800 PONCE DE LEON BLVD., SUITE 1125
MIAMI, FL 33134

New Mailing Address:

1600 NW 163 STREET
MIAMI, FL 33169 US

FEI Number: 20-0459407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEIF, EVAN D
2800 PONCE DE LEON BLVD., SUITE 1125
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHAPLIN, WAYNE E
Address: 1600 N.W. 163RD STREET
City-St-Zip: MIAMI, FL 33169

Title: MGR () Delete
Name: BECKER, STEVEN R
Address: 1600 N.W. 163RD STREET
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHAPLIN, WAYNE E
Address: 1600 N.W. 163RD STREET
City-St-Zip: MIAMI, FL 33169 US

Title: MGR (X) Change () Addition
Name: BECKER, STEVEN R
Address: 1600 N.W. 163RD STREET
City-St-Zip: MIAMI, FL 33169 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN R. BECKER

MGR

04/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date