


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90064 029 \*\*\*138.75

DOCUMENT # L04000075117  
 1. Entity Name  
 MERRICK CLEANERS, LLC



Principal Place of Business 324 ALTARA AVE CORAL GABLES, FL 33146	Mailing Address 324 ALTARA AVE CORAL GABLES, FL 33146
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**DO NOT WRITE IN THIS SPACE**

01092008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-3434715	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAIK, ROLAND  
 3069 INDIANA ST  
 COCONUT GROVE, FL 33133

**DO NOT WRITE 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 accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

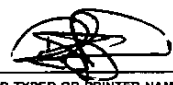
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CHIBAS-HAIK, GLORIA M
STREET ADDRESS	3069 INDIANA ST
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	MGRM
NAME	HAIK, ROLAND G
STREET ADDRESS	3069 INDIANA ST
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	MGRM
NAME	CHIBAS, EDWARD R
STREET ADDRESS	700 BILTMORE WAY, SUITE 904
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	MARIA CRISTINA PUENTE DE CHIBAS
STREET ADDRESS	700 BILTMORE WAY, SUITE 904
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	MARIA ROSA ROVIRA BERTRAN
STREET ADDRESS	700 BILTMORE WAY, SUITE 1019
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  **ROLAND HAIK**      January 18, 2008      (786) 797-9903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #