

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068215

FILED
Feb 13, 2009
Secretary of State

Entity Name: MERCHANT ADVANCE PARTNERS, LLC

Current Principal Place of Business:

401 NE 6TH ST
BOCA RATON, FL 33432 US

New Principal Place of Business:

6794 GIRALDA CIRCLE
BOCA RATON, FL 33433 US

Current Mailing Address:

PO BOX 2031
POINT ROBERTS, WA 98281 US

New Mailing Address:

6794 GIRALDA CIRCLE
BOCA RATON, FL 33433 US

FEI Number: 26-2985270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCY, LAURENNE
401 NE 6TH ST
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

SCHWARTZ, JACK
6794 GIRALDA CIRCLE
BOCA RATON, FL 33433 US

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: JACK SCHWARTZ

02/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PIERCY, LAURENNE
Address: PO BOX 2031
City-St-Zip: POINT ROBERTS, WA 98281 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PIERCY, LAURENNE
Address: 3033 BIRD ROCK ROAD
City-St-Zip: PEBBLE BEACH, CA 93953 US

Title: MGRM () Change (X) Addition
Name: MAP CONSULTING INC.,
Address: 685 SPRING STREET #198
City-St-Zip: FRIDAY HARBOR, WA 98250

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: LAURENNE PIERCY

MGRM

02/13/2009

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