	ANNUAL RE		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS					
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								99 APR 26 AM 10: 22			
\$ 188 1 Name of Limi	.75 Mak and Mailing Addr ted Liability Comp	ess DOCI		# L98							
MERBEN, L.C. 600 GRAPE TREE DRIVE, \$10FN KEY BISCAYNE FL 33149							1a. Principal Place of Business Address 600 GRAPE TREE DRIVE, #10FN KEY BISCAYNE FL 33149				
·				Ing Address			3. Date Organiz		3a. State	3a. State of Formation	
Suite, Apt.			Suite, Ap SUITE	50 W. MASHTA DRIVE Suite, Apt. #, etc. SUITE 6 City & State			07/14/1998 4. FEI Number		FL Applied For		
Zip	p Country			KEY BISCAYNE, FL			65-08572 5. Date of Last			Not Applicable ate of Status Desired ional Fee Required	
· · · · · · · · · · · · · · · · · · ·	7. Name a	nd Address of Currer	33149 nt Registered	Agent	MIA	MI_DADE 8.	Name and Addres	ss of New Regi			
its register as registe	ed office or regist	ons of Sections 608.416 ered agent, or both, in the eccept the obligations.	he State of Flor	ida. Such char	nge was a	uthorized by affirm	d liability company s alive vote of a major				
(Hespston a Agent Accepted Agent has been fall. 10. Title Managing Members/Managers				# (If the process) As a resemble to a proceduction in the date in Business Street Address			City, State and Zip Code				
- NOTR - MGRM					600 GRAPE TREE DRIVE, 50 W. MASHIA DRIVE, #6, K			• • • • • • • • • • • • • • • • • • • •			
indicated o	in this annual rep	e information supplied voorf is true and acquirate	and that my s	ignatare shall l	have the	same legal effect a	is if made under oat	h; that Lam a ma	naging memb		

INHSE10 R (12-98)