FILED Mar 17, 2004 8:00 am Secretary of State

2004 NO	I-FUK-PKUFII CUKPUKATIUI	Ν
٠,	ANNUAL REPORT	

## Mailting Address 280 EAST MERRITT MANUE ## MERRITT SLAND, FL 32953 2. Principal Piace of Bruinness 2. Mailting Address P. D. Box 1054 Suite April 4 etc. City A State City A S	DOCUMENT # N0100002228 1. Entity Name LUTHERAN RETIREMENT CAMPUS OF MERRITT ISLAND CONDOMINIUM ASSOCIATION, INC.							03-17-2004 90033 028 ****61.25					
Sulte, Apt. 4 etc. Sulte,	280 EAST MERRITT AVENUE			280 EAST MERRITT AVENUE			`•	-	94030			0675	
Sulte, Apt. 4 etc. Sulte,	2. Principal P	tace of Busin	ess	3. Mai	ling Address								
Most Application Section Secti	Suite, Apt. #, etc.								22272224				
S. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent None None None None Street Address (P.O. Box Number is Not Acceptable) City FL Zop 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 Filling Fee Is \$61.25 Due by May 1, 2004 PC Special Address (P.O. Box Number is Not Acceptable) Signature Filling Fee Is \$61.25 Due by May 1, 2004 PRESCR. ROGER None FLECK, ROGER FLECK, ROGER None FLECK, ROGER	City & State	e		1			Flo	rida	51_0/25535 · · · · · · · · · · · · · · · · · ·				
Name Name Name Street Address (P.O. Box Number is Not Acceptable)	Zip -	. S Nome	· • • • _ =	.329	54 _	Cói	untry		5. Certificate of S		<u> </u>	Fee Requi	
Steel Address (P.O. Box Number is Not Acceptable) City FL Zip Code		Q. Hallie	and Address of Current	negistere	su Agent		Name		7. Name and Ad	IGIESE OI NEW !	registered A	rgent .	
Expense 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. I am furnillar with, and accept the obligations of registered agent. SIGNATURE SUBMALL, typed or prised name of inguirried agent and size if spokiable. PRILITY FILE SECTION STATE AGENCY S	1221 EAST NEW HAVEN AVENUE												
B. The above named entity submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signatura, speed to private familiar agent and set of spokes. Port Registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signatura, speed to private familiar agent and set of spokes. Port Registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent, or both, in the State of Florida state of Florida. I am familiar with, and accept the colligation of Plant 1 and	WILLBOOK	(NE, FE 0	2301										
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Due by May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State	SIGNATURE .	Signature, typed	or printed name of registered agent	and tile if ap	plicable. (NC	OTE: Registers	ed Agent signa	iture required	d when reinstating)		DATE		
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SIGNATURE: Kiberta Al Roberta Edins 3/15/04 (321) 452-7834	indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if												
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DESCRIPTION DESCRIPTION OF THE PROPERTY OF THE	SIGNAT	URE:	Heleta (PRINTED NA	ME OF SIGNING OFFICE	Robe	rta	Edin	ıs 3/15	/04 Date	(321)) 452	-7834