

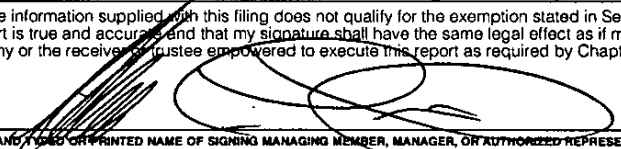


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90592 018 ****50.00

DOCUMENT # L02000010041 1. Entity Name MERCANTILE HOLDINGS, L.L.C.					
Principal Place of Business 15964 S.W. 3RD STREET PEMBROKE PINES, FL 33027			Mailing Address 15964 S.W. 3RD STREET PEMBROKE PINES, FL 33027		
2. Principal Place of Business 4505 Mercantile Ave. <small>Suite, Apt. #, etc.</small> Naples, Florida 34104 <small>City & State</small>		3. Mailing Address 4505 mercantile ave. <small>Suite, Apt. #, etc.</small> Naples Florida 34104 <small>City & State</small>			
Zip 		Country 		02162005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 45-0475006		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ENRIQUEZ, STEPHEN 1 SE 3RD AVE #1440 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name mark Moisan Street Address (P.O. Box Number is Not Acceptable) 4505 mercantile Ave. City Naples FL Zip Code 34104		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TIERNEY, WILLIAM 15964 SW 3RD ST PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small> 3/19/05 <small>Daytime Phone #</small>					