



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000002324 1. Entity Name MERCO HOLDINGS, LLLP	
---	---

FILED
 SEC. OF STATE
 DIVISION OF CORPORATIONS
 06 FEB 24 AM 10:33

Principal Place of Business 3230 MURRELL ROAD SUITE 200 ROCKLEDGE, FL 32955 US	Mailing Address 3230 MURRELL ROAD SUITE 200 ROCKLEDGE, FL 32955 US
--	--

2. Principal Place of Business	3. Mailing Address		02062006 Chg-LP CR2E003 (11/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country


6. Name and Address of Current Registered Agent MCCOIG, RALPH J JR 3230 MURRELL ROAD SUITE 200 ROCKLEDGE, FL 32955	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
---	--

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.	Applied For <input checked="" type="checkbox"/>
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # L05000123379 NAME MERCO PROPERTIES MANAGEMENT, LLC STREET ADDRESS 3230 MURRELL ROAD CITY-ST-ZIP ROCKLEDGE, FL 32955	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> 100067190401 03/07/06--01007--030 **450.00 </div>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> 100067190401 03/07/06--01007--031 **50.00 </div>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	
SIGNATURE: 	2-16-06 3219601338 Date Daytime Phone #

STAPLE CHECK HERE