

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000002324

1. Entity Name
MERCQ HOLDINGS, LLLP



FILED

07 MAY 17 PM 1:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042007 Chg-LP CR2E003 (12/06)

4. FEI Number Applied For
APPLIED FOR Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 _____ **FL** Zip 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	STREET ADDRESS	
NAME	MERCO PROPERTIES MANAGEMENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	3230 MURRELL ROAD		
CITY-ST-ZIP	ROCKLEDGE, FL 32955		
DOCUMENT #		STREET ADDRESS	100108221951
NAME		CITY-ST-ZIP	05/24/07--01059--007 **500.00
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NAME		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: *Ralph J. McCoig* 1/18/07 3216335255

STATE OF FLORIDA