

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L00000003576

FILED
May 24, 2005
Secretary of State**Entity Name:** MERCA REAL ESTATE L.L.C.**Current Principal Place of Business:**7202 SAINT JOHN'S WAY
BRADENTON, FL 34201**New Principal Place of Business:****Current Mailing Address:**7202 SAINT JOHN'S WAY
BRADENTON, FL 34201**New Mailing Address:****FEI Number:** 59-3635359**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JENKINS, ROSE M
1103 FLORIDA AVENUE #4
PALM HARBOR, FL 34683 US**Name and Address of New Registered 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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:**Title:** MGR () Delete
Name: GAGLIARDI, INNOCENZO
Address: 7202 ST. JOHN'S WAY
City-St-Zip: UNIVERSITY PARK, FL 34201**Title:** MGR () Delete
Name: GAGLIARDI, ANN
Address: 7202 ST. JOHN'S WAY
City-St-Zip: UNIVERSITY PARK, FL 34201**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGR () Change (X) Addition
Name: COLLIN, ERIC J
Address: 3470 FRUITVILLE ROAD
City-St-Zip: SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: INNOCENZO GAGLIARDI

MGR

05/24/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date