

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L00000003576

1. Entity Name
MERCA REAL ESTATE L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

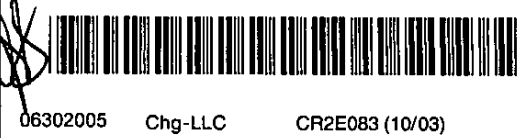
05 JUL 11 AM 10:40

Principal Place of Business
**7202 SAINT JOHN'S WAY
BRADENTON, FL 34201**

Mailing Address
**7202 SAINT JOHN'S WAY
BRADENTON, FL 34201**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



06302005 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3635359

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**JENKINS, ROSE M
1103 FLORIDA AVENUE #4
PALM HARBOR, FL 34683**

7. Name and Address of New Registered Agent
Name **Eric Collin**
Street Address (P.O. Box Number is Not Acceptable)
3470 Fruitville Rd
City **Sarasota** FL Zip Code **34237**

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 **7/7/05**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAGLIARDI, INNOCENZO 7202 ST. JOHN'S WAY UNIVERSITY PARK, FL 34201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100052766111 07/21/05--01077--002 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAGLIARDI, ANN 7202 ST. JOHN'S WAY UNIVERSITY PARK, FL 34201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLIN, ERIC J 3470 FRUITVILLE ROAD SARASOTA, FL 34237 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **7/7/05** **944-917-0494**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #