2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

AMENDED AMMONE REPORT									THE	l)	
DOCUMENT # L00000003576								SECR DIVISION	ETARY (DE STAT	F
1. Entity Name								UIVISION	LOF COP	RPORAT	ไก้ผร
MERCA REAL ESTATE L.L.C.											
								05 JU	- 11 A	M 10: 4	0
Principal Place of Business Mailing Address											
7202 SAINT			7202 SAINT JOHN'S WAY								
BRADENTON			BRADENTON, FL 34201								
•)	# 89 111 88189 #111	II GIRI I FUI RI	IPO I MI (III)
Principal Place of Business 3. Mailing Address						<u>}</u>					
2. Thropair lace of business			3. Walling Address			¥					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1,,,,,,,				
							06302005	Chg-LLC	CR2E08	33 (10/03)	
City & State			City & State				4. FEI Numb				plied For
Zip	Zip Country		Zip Country			59-36	35359			t Applicable	
		Codinity	2.10	Coun	, \		5. Certificat	e of Status Desired		55.00 Add ee Require	
	6. Name	and Address of Current I	legistered Agent				7. Name and Address of New Registered Agent				
					Name	Fnic	c Colli	n			
JENKINS,		SII (F 44			Stropt			 -	N		
1103 FLO				ļ	Sucerz	3470	Fruit	per is Not Acceptable	=1 -		
		0.000			1	Ť					
				•	City	Carac	NH1		EI	Zip Code	9
A 71		- b - 3 - 4				aras			FL	34	237
the obligat	named entit tions of regist	y submits this statement for tered agent.	the purpose of changing its	registere	ed office o	or registere	ed agent, or b	oth, in the State of Flo	orida. I am fa	miliar with,	and accept
the obligations of registered agent. 7/7/05											
SIGNATURE Signature began and of registered agent and time if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Amended AR is \$50.00								1	e check pa	-	
								Florida	Departme	nt of State	•
9.		MANAGING MEMBER	RS/MANAGERS	10.		-		ADDITIONS/	'CHANGES		
TITLE	MGR		☐ Delete	TITLE		T				☐ Change	☐ Addition
NAME	GAGLIAR	DI, INNOCENZO		NAME							
STREET ADDRESS		JOHN'S WAY			T ADDRESS	0.2 1.1		98957	7551	11	
CITY-ST-ZIP	 	SITY PARK, FL 34201	CITY-ST-Z		ST-ZIP	ļ .	0172	170201017	002	**5U,U	10
TITLE	MGR	IDL AND	☐ Delete	☐ Delete TITLE						Change	Addition
NAME Street Address	GAGLIAR	JOHN'S WAY			NAME Street address						
CITY-ST-ZIP		ITY PARK, FL 34201			ST-ZIP						
TITLE	MGR	TITLE		 				☐ Change	☐ Addition		
NAME	COLLIN, I	ERIC J	☐ Delete TITLE NAM								
STREET ADDRESS		IITVILLE ROAD		STREE	T ADDRESS						
CITY-ST-ZIP	SARASO	TA, FL 34237		CITY-	ST-ZIP	ļ					
TITLE			☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS	1			NAME	T ADDRESS						
CITY-ST-ZIP					ST-ZIP						
TITLE	 		Delete	TITLE						Change	☐ Addition
NAME	•		- Delete	NAME							radalon
STREET ADDRESS				STREE	T ADDRESS						}
CITY-ST-ZIP	1			CITY-	ST-ZIP						
TITLE	1		☐ Delete	TITLE						☐ Change	☐ Addition
NAME		•	NAME		T ADDRESS						
STREET ADDRESS CITY-ST	•										
<u>i</u>	cortifue shot sh	a information conclined with	this filing does not avalle to		ST-ZIP	tod in Sec	otion 110 07/0	(i) Florido Statutos (further and	ha thant than '-	formati
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: 7/7/05 840-917-0494											
SIGNAT		NO TYPED OF BOILTES MANY	SIGNING MANAGING MEMBER, MAI	NAGER OF	A1171100000	U DEPOSAL:	t/ t	700	PTF		V+74
	SIURATUKE A	OF THE PURPLE PROBLEMS OF	SIGNING MANAGING MEMBER, MAI	TAUEH, UR	au i nukiZE	u HEPHESEM	MIAIIVE .	Date	Day	time Phone #	