
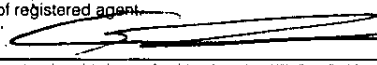



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90012 020 \*\*\*\*50.00

<b>DOCUMENT # L00000003576</b> 1. Entity Name <b>MERCA REAL ESTATE L.L.C.</b>					
Principal Place of Business <b>404 SOUTH SHORE DRIVE SARASOTA, FL 34234</b>			Mailing Address <b>404 SOUTH SHORE DRIVE SARASOTA, FL 34234</b>		
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	4. FEI Number <b>59-3635359</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COLLIN, ERIC 3470 FRUITVILLE RD SARASOTA, FL 34237</b>			7. Name and Address of New Registered Agent Name <b>COLLIN ERIC</b> Street Address (P.O. Box Number is Not Acceptable) <b>205 North Orange Avenue</b> <b>Suite 2N</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34236</b>		
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE <b>01/10/2007</b>		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAGLIARDI, INNOCENZO 404 SOUTH SHORE DRIVE SARASOTA, FL 34234	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAGLIARDI, ANNE 404 SOUTH SHORE DRIVE SARASOTA, FL 34234	<input type="checkbox"/> Delete			
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	MGR COLLIN, ERIC J 205 N. Orange Ave. #2N SARASOTA, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLIN, ERIC J 205 N. Orange Ave. #2N SARASOTA, FL 34236	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLIN, ERIC J 205 N. Orange Ave. #2N SARASOTA, FL 34236	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLIN, ERIC J 205 N. Orange Ave. #2N SARASOTA, FL 34236	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>01/10/07</b> <b>941-917-0494</b> <small>Date Time Phone #</small>		