


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90028 009 ****50.00

DOCUMENT # L00000004561 1. Entity Name MERRILL LAND, L.L.C.					
Principal Place of Business 226 S. PALAFOX PLACE, 6TH FL PENSACOLA, FL 32502			Mailing Address P.O. BOX 710 PENSACOLA, FL 32591-0710		
2. Principal Place of Business 226 S. PALAFOX ST. Suite, Apt. #, etc. 6 th FLOOR			3. Mailing Address Suite, Apt. #, etc.		
City & State PENSACOLA, FL			City & State		
Zip 32502		Country USA		4. FEI Number 59-3640783	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHILL, LAWRENCE C 226 S. PALAFOX 6TH FLOOR PENSACOLA, FL 32501 32502			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 32502		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERRILL, WILLIS C III 226 S. PALAFOX PLACE 6TH FL PENSACOLA, FL 32502	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	226 S. PALAFOX ST., 6 th FLOOR PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERRILL, BURNEY H 226 S. PALAFOX PLACE, 6TH FL PENSACOLA, FL 32502	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	226 S. PALAFOX ST., 6 th FLOOR PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERRILL, J. COLLIER 226 S. PALAFOX PLACE, 6TH FL PENSACOLA, FL 32502	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	226 S. PALAFOX ST., 6 th FLOOR PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>J. COLLIER MERRILL</u> 1-10-05 850-438-0955 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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