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2001 UNIFORM	BUSINESS	REPORT	(UBR

DOCUMENT # L0000005739 1. Entity Name MERCY DRIVE ASSOCIATES, LLC							•		F	ILED)					
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·Zip	ip Country Zip			Cour	ntry		51-36538110				\$5.00 Additional					
	6. Name and Address of Current Registered Agent					Certificate of Status Desired Fee Required Name and Address of New Registered Agent						∌d	╣.			
		and A	agress of Current	Hegistere	a Agent		Name		7. Name	and Add	dress of N	lew Re	gistered /	Agent	·	1
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							<u> </u>		FL Zip Code							_
8. The above	named entity	/ subm	ts this statement fo	r the purp	ose of changing its	register	ed office or	r registere	ed agent, o	or both, in	the State	of Florid	da.			
SIGNATURE .								_	<u> </u>							
	Signature, typed	or printed	name of registered agent a	and title if appl	hcable. (NOTE	:: Hegistere	d Agent signatu	Ure required	when reinstation	ng)			DATE			$\frac{1}{2}$
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11. I hereby certify that the information supplied with this filing ploes 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.																
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SIGNAT		ND TYPE	OR PRINTED NAME OF	SIGNING MA	NAGING MEMBER, MAN	AGER, OR	¿∕ AUTHORIZED	REPRESEN	TATIVE		Date		Da	ytime Phone #		