

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000006084	
1. Entity Name MERRITT ISLAND PROPERTIES, LLC	

Principal Place of Business 205 E. NASA BLVD. MELBOURNE FL 32901	Mailing Address 205 E. NASA BLVD. MELBOURNE FL 32901
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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

1st MOORE CR2E083 (10/06)

5. Name and Address of Current Registered Agent	
O'BRIEN, JEFFREY T M.D. 205 E. NASA BLVD. MELBOURNE FL 32901	

4. FEI Number 59-3678196	☐ Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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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** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME HYNES, RICHARD A M.D. STREET ADDRESS 205 E. NASA BLVD. CITY ST ZIP MELBOURNE FL 32901	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition 000000681475 04/04/07-80044-023 50.00
TITLE MGRM NAME O'BRIEN, JEFFREY M.D. STREET ADDRESS 205 E. NASA BLVD. CITY ST ZIP MELBOURNE FL 32901	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jeffrey T. O'Brien

3/26/07

321-723-7746

Date

Daytime Phone if