2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 09, 2004 8:00 am Secretary of State 08-09-2004 90146 013 ****50.00

DOCUMENT # L01000016039 1. Entity Name MERLION HOLDINGS, L.L.C.							08-09-20	04 90146 013 ***	**50.00
Principal Place of Business 433 PLAZA REAL, SUITE 275 BOCA RATON, FL 33432 Mailing Address 433 PLAZA REAL, SUITE BOCA RATON, FL 33432									
2. Principal f	Place of Busir	ness	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				07282004 Chg-LLC	CR2E083 (10/0	3)
City & State			City & State		<u> </u>		4. FEI Number		Applied For
Zip	· .	Country	Zip Country		itry		65-1147743 5. Certificate of Status Desired	□ \$5.00 /	
	6. Name	and Address of Current F	Registered Agent		Τ		7 Name and Address of New	Fee Requ	
of Manual and Assessment Control of Control					7. Name and Address of New Registered Agent				
MACLAREN, LINDA O					David B. Dickenson, Esq. Street Adgress (P.O. Box Number is Not Acceptable)				
	TH FEDER. TON₀FL 3	AL HIGHWAY, SUITE	i 100		Street Addre	ess (F	P.O. Box Number is Not Acceptal North Federal Hw	^{ble)} V Suite 41	0
BOCA NA		00402					2.02.01. 2.02.02.02. 310	J. J. Carce	
					City		Deben	FL Zip Ç	ode
8. The above	e Manued entity	y submits this statement for	the purpose of changing its r	registere	ed office or reg	<u>oca</u> gistere	Raton ed agent, or both, in the State of F		th, and accept
the obligations of registered agent.									
SIGNATURE David B. Dickenson July 28, 2004 Storpfuse, typod or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when renstating).									
Filing Feer is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State									
9.	LAODIA	MANAGING MEMBER		10.			ADDITION	S/CHANGES	
TITLE	MGRM ROSS KE	EVIN M	Delete	TITLE			en la companya da companya	Chang	e 🖸 Addition
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NAME	CARLSSC	NAL ,N(NAM	E			_ •	
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STREET ADDRESS CITY-ST-ZIP	25.5				ET ADDRESS				
		information			-ST-ZIP		- AAD 07(2)(1)		
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 thay 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.									
Mr. colland									
SIGNATURE: JAN JULYAN JAN Carlsson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date									
	JOHA TURE A	O THE ON PHINTED NAME OF	SIGNIG MEMOCH, MANA	noch, UK	AU INUNICEU HEP)	neath	ITATIVE Date	Daytime Phone	#