

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016039

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: MERLION HOLDINGS, L.L.C.

**Current Principal Place of Business:**

282 PRINCESS PALM RD.  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

282 PRINCESS PALM RD.  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 65-1147743      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DICKENSON, ESQ., DAVID B  
980 NORTH FEDERAL HWY., SUITE 410  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROSS, KEVIN M  
Address: 1324 SYCAMORE TERRACE  
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM ( ) Delete  
Name: CARLSSON, JAN  
Address: 282 PRINCESS PALM RD.  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAN CARLSSON

MGRM

02/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date