2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPURI					FILED			
DOCUMENT # L01000021234					A Steam State Cod			
1. Entity Name MERRITT HOUSING GP, LLC					04 APR -5 PM 5: 15			
	11-110-1		No.	T/	SECRETARY LLAHASSER	OF STATE	٨	
Principal Place		Mailing Address 585 N. COURTENAY PAR	DVMAV	''	ILLMIMOULI	I COMIDA	٦	
SUITE 101 SUITE 101								
MERRITT ISLA	ND, FL 32953	MERRITT ISLAND, FL 3	2953					19 111111111
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1171	01282004	Chg-LLC	CR2E083	(10/03)	
City & State		City & State	10'	4. FEI Numb			_ 	plied For t Applicable
Zip	Country	Zip	Country		of Status Desired		.00 Addi	
	6. Name and Address of Current	Registered Agent		7. Name an	Address of New			
C T CORR	ORATION SYSTEM		Name					
1200 SOUT	TH PINE ISLAND ROAD		Street Ad-	dress (P.O. Box Numl	er is Not Acceptab	le)		
PLANTATIO	ON, FL 33324						-	
٠			City			FL	Zip Code	
	named entity submits this statement fo	r the purpose of changing its	registered office or r	registered agent, or b	oth, in the State of F	lorida. I am fam	niliar with, a	and accept
_								
SIGNATURE _	-	120. 7				CATE		
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature	re required when reinstating)		DATE		
Fil	Signature, typed or printed name of registered agent ling Fee is \$50.00 ue by May 1, 2004	and title if applicable. (NCTE	: Registered Agent signature	re required when reinstating)		DATE ke check pay la Departmen		
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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:

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

2/3/04

32/-453-2932 Daytime Phone #