FILED

UNIFORM BUSINESS REPORT (UBR)

2003 JAN 17 PM 1: 33

CHANGE

MOITIDDA

DIVISION OF CORPORATIONS **DOCUMENT** # L01000021321 TALLAHASSEE, FLORIDA 1. Entity Name Mercy Enterprises LLC Principal Place of Business Mailing Address 903 Palm Forest Road 903 Palm Forest Road Clermont, FL 34711 Clermont, FL 34711 000010674790 2. Principal Place of Business Mailing Address 01/23/03--01072--006 **100.00 903 Palm Forest Road 903 Palm Forest Road Suite, Apt. #, etc. Suite, Apt, #, etc. City & State Applied For City & State 4. FEI Number 59-3759998 Clermont, FL Not Applicable Clermont, FL Zip, County County Zip \$5.00 Additional 5. Certificate of Status Desired 34711 Lake 34711 Lake Pec Required 7. Name and Address of New Registered Agent/Office 5. Name and Address of Current Registered Agent Name Corporate Creations Network Inc. Street Address (P.O. Box Number is Not Acceptable) 941 Fourth Street #200 Suite, Apt. #, etc. Miami Beach, FL 33139 City Zip Code \mathbf{FL} this statement for the purpose of changing its registered office or registered agent, or both, in the State of 8. The above rames submits Plorida. SIGNATURE (NOTE: Registered Agent algusture required when reinstating) 9. MANAGING MEMBERS MEMBERS 10. ADDITION/CHANGES DELETE CHANGE Member TITLE TITLE NAME MADDITION NAME STREET ADDRESS CITY - ST - ZIP Sonya Montgomery 903 Palm Forest Road Clemiont, PL 34711 STREET ADDRESS CITY - ST - ZIP CHANGE □ DELETB TITLE TITLE NAME STREET ADDRESS CITY - ST - ZIP ADDITION NAME STREET ADDRESS CITY ST 21P CHANGE DELETE TITLE TITLE NAME ADDITION STREET ADDRESS CITY - ST - ZIP STREET ADDRESS CITY - ST - ZIP CHANGE DELETE TITLE TITLE ADDITION NAME STREET ADDRESS NAME

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 finited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 1/13/2003 Sonya Montgomery, Member

DELETE

CITY - ST - ZIP

CITY - ST - ZIP

NAME STREET ADDRESS

TITLE

SIGNATURE

STREET ADDRESS

STREET ADDRESS CITY - ST - ZIP

CITY ST ZIP

TITLE

NAME

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DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: Mercy Enterprises LLC

Enclosed are the following:

- 1. Uniform Business Report for the company referenced above.
- 2. \$100 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

President

Date: 1/13/2003

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 PH: (850) 668-4318 FX: (850) 668-3398

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IIV. JON OF SORPORATIONS TALLAHASSEE ELOPIDA

DATE:

01-17-03

ACCOUNT NO:

FCA000000015

AUTHORIZATION:

ATRIE/PAUL HODGE

TYPE OF FILING: UNIFORM BUSINESS REPORT

NAME: MERCY ENTERPRISES LLC

SPECIAL INSTRUCTIONS: CHECK FOR \$100.00 ATTACHED WAIVER

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