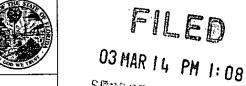
2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L01000022250 1. Entity Name MERRITT PLACE, LLC Principal Place of Business Mailing Address



SECRETARY OF

585 N. COURTENAY PARKWAY. SUITE 101 MERRITT ISLAND FL 32953			585 N. COURTENAY PARKWAY. SUITE 101 MERRITT ISLAND FL 32953				A)	AHASSE	E.F.(0)	A造 RIOA 	IA KIRKE KIREK EK	III II II I II I	
2. Principal Place of Business			3. Mailing Address								IE II DIE IISEI EI		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			City & State			4	4. FEI Numb	per 30-0 0	19638		<u> </u>	plied For t Applicable	
Zip	Country	Zi	Zip Coun				5. Certificate of Status Desired Status Desired Fee Required						
<u>-</u>	6. Name and Address of Curre	ent Registe	egistered Agent			7. Name and Address of New Registered Agent							
					Name								
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable)									
											T =		
					City					FL	Zip Code	الرباج.	
	named entity submits this statemen	t for the pu	urpose of changing its	register	ed office or	registered	agent, or b	oth, in the Sta	e of Florida	a. I am f	amiliar with,	and accept	
the obligati	ons of registered agent.												
_SIGNATURE _	Signature, typed or printed name of registered as	nent end title if	applicable (NOT)	F: Registere	d Agent signatu	are required who	en reinstating)		_	DATE			
		М	lake Check Payabl	le to Fl	FEE IS \$5 orida Dep ay 1, 2003	partment	of State	(JE) (C) 1 9/0301	437 0580 -	70. 123	42 **50.00		
9.	MANAGING MEN	/BERS/MA	ANAGERS	10.				ADD	TIONS/CH	IANGES			
TITLE	MGRM		Delete	TITL	1						☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	MERRITT HOUSING GP, LLC 585 N COURTENAY PKWY., MERRITT ISLAND FL 32953				ME EET ADDRESS 7-ST-ZIP						····		
TITLE			☐ Delete	TITL	.E						☐ Change	☐ Addition	
NAMÉ				NAN	- I								
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS (-ST-ZIP								
TITLE			☐ Delete	TITL							☐ Change	Addition	
NAME			□ boloto	NAM	I		_						
STREET ADDRESS					EET ADDRESS								
CITY-ST-ZIP				CITY	Y-ST-ZIP		 ,						
TITLE			☐ Delete	TITL							☐ Change	☐ Addition	
NAME STREET ADDRESS					EET ADDRESS								
CITY-ST-ZIP					Y-ST-ZIP								
TITLE	181		☐ Delete	TITL	.E						☐ Change	☐ Addition	
NAME				NAM				}	,į	1	/		
STREET ADDRESS					EET ADDRESS Y-ST-ZIP			<u> </u>	14	X			
CITY-ST-ZIP				_			·	- A	1 1 ,	\mathcal{X}_{L}	Change	☐ Addition	
TITLE NAME			☐ Delete	TITI NAM					-	$\mathcal{W}_{\mathcal{D}}$	- Change		
STREET ADDRESS					EET ADDRESS			•	\cup	U			
CITY-ST-ZIP				CIT	Y-ST-ZIP								

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.

By: Herritt Housing SP, LLC

ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #