2007 LIMITED LIABILITY COMPANY · ANNUAL REPORT

DOCUMENT # L02000007676

Entity Name

MERL REALTY (FLORIDA), L.L.C.



FILED Feb 26, 2007 08:00 AM Secretary of State

Not Applicable

Principal Place of Business 4928 S.W. 26TH AVE. CAPE CORAL, FL 33914 Mailing Address

4928 S.W. 26TH AVE. CAPE CORAL, FL 33914



DO NOT WRITE IN THIS SPACE

01262007 No Chg-LLC	CR2E083 (11/05)	
4 EEL Number	Applied For	

5. Certificate of Status Desired See Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

WEBER, MARGARET T 4928 SW 26TH AVE CAPE CORAL, FL 33914

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59-3745905

8.	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. I am familiar with, and account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and account of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and account of the purpose of changing its registered office or registered agent, or both, in the State of Florida.	cept
	the obligations of registered agent.	
_	ONATION	

(NOTE: Registered Agent signature required when reinstating)

Filling Fee is \$50.00 Due by May 1, 2007 000000648343 03/07/07-80005-025 50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERL INVESTMENTS LTD. 4928 SW 26TH AVE. CAPE CORAL, FL 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBER, EARL J SR. 4928 SW 26TH AVE. CAPE CORAL, FL. 33914	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

2-15-0

-539-540-0806

Daytime Pho