2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT DOCUMENT # L02000017497

1. Entity Name
MERRY HOLDINGS, LLC



04-13-2004 90330 002 ****50.00

Apr 13, 2004 8:00 am Secretary of State

FILED

Principal Place of Business

2065 2ND ST. ENGLEWOOD, FL 34223 Mailing Address

2065 2ND ST. ENGLEWOOD, FL 34223



DO NOT WRITE IN THIS SPACE

03292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 16-1616354 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MERRY, TED G

ENGLEWOOD, FL 34223

DO NOT WRITE
IN THIS SPACE

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 accept the obligations of registered agent.

SIGNATURE_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$50.00 Due by May 1, 2004

9. 47 199 A CHARLES MANAGING MEMBERS/MANAGERS

9. The REAL STATE OF CHIANAGING WEMBERS WANAGERS	
TITLE 18 3 PM 2	MGRM MERRY, TED G
1 1	SOCE OND OT
1	ENGLEWOOD, FL 34223
_CITY-ST-ZIP.	-ENGLEWOOD, FL 34223
TITLE	MGRM
NAME	MERRY, VALERIE J
STREET ADDRESS	2065 2ND ST
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	
NAME	
STREET ADDRESS	* · · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	
TITLE	
. NAME	the same the same of the same
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET AODRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exer	

DO NOT WRITE IN THIS SPACE

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, OF MEMORIZED REPRESENTATIVE

04/08/04

941-475-1788