


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90025 001 \*\*\*\*50.00

<b>DOCUMENT # L02000017497</b>					
<b>1. Entity Name</b> MERRY HOLDINGS, LLC					
<b>Principal Place of Business</b> 2065 2ND ST. ENGLEWOOD, FL 34223			<b>Mailing Address</b> 2065 2ND ST. ENGLEWOOD, FL 34223		
<b>2. Principal Place of Business</b> 50 Broad Street Suite, Apt. #, etc.			<b>3. Mailing Address</b> 333A S. Indiana Ave Suite, Apt. #, etc.		
<b>City &amp; State</b> Warm Springs, GA		<b>City &amp; State</b> Englewood, FL		<b>4. FEI Number</b> 16-1616354	
<b>Zip</b> 31830		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MERRY, TED G 2065 2ND ST. ENGLEWOOD, FL 34223				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <b>MERRY, TED G</b> <input type="checkbox"/> Delete <b>2065 2ND ST</b> <b>ENGLEWOOD, FL 34223</b>			<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <b>MERRY, VALERIE J</b> <input type="checkbox"/> Delete <b>2065 2ND ST</b> <b>ENGLEWOOD, FL 34223</b>			<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Ted S. Mering</i>				02/01/05 (941)475-1788	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

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