

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025450

FILED  
Feb 05, 2004  
Secretary of State

**Entity Name:** MERCANTILE COMMERCIAL CAPITAL, LLC

**Current Principal Place of Business:**

2200 LUCIEN WAY  
STE 333  
MAITLAND, FL 32751

**New Principal Place of Business:**

940 CENTRE CIRCLE  
SUITE 2000  
ALTAMONTE SPRINGS, FL 32714 US

**Current Mailing Address:**

2200 LUCIEN WAY  
STE 333  
MAITLAND, FL 32751

**New Mailing Address:**

940 CENTRE CIRCLE  
SUITE 2000  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 02-0657291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HURN, CHRISTOPHER  
1672 KERSLEY CIRCLE  
HEATHROW, FL 32746 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HURN, CHRISTOPHER  
Address: 1672 KERSLEY CIRCLE  
City-St-Zip: HEATHROW, FL 32746 US

Title: MGRM ( ) Delete  
Name: LONGSTAFF, GEOFFREY  
Address: 634 MOURNING DOVE CIRCLE  
City-St-Zip: LAKE MARY, FL 32746 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHRISTOPHER HURN

MGRM

02/05/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date