

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025450

FILED
Jan 25, 2006
Secretary of State

Entity Name: MERCANTILE COMMERCIAL CAPITAL, LLC

Current Principal Place of Business:

940 CENTRE CIRCLE
SUITE 3006
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

940 CENTRE CIRCLE
SUITE 3006
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

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/MANAGERS:

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: MGRM (X) Change () Addition
Name: LONGSTAFF, GEOFFREY
Address: 185 VILLA DI ESTE TERRACE # 213
City-St-Zip: LAKE MARY, FL 32746 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 01/25/2006

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