

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 11, 2003 8:00 am
Secretary of State

08-29-2003 90049 006 ****50.00

DOCUMENT # **L02000025450**

1. Entity Name
MERCANTILE COMMERCIAL CAPITAL, LLC



Principal Place of Business 342 DEVON PLACE HEATHROW FL 32746	Mailing Address 342 DEVON PLACE HEATHROW FL 32746
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2. Principal Place of Business 2200 Lucien Way	3. Mailing Address 2200 Lucien Way
Suite, Apt. #, etc. Suite 333	Suite, Apt. #, etc. Suite 333

City & State Maitland, FL	City & State Maitland, FL
Zip 32751	Country USA

4. FEI Number
02-0657291

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARTIN, MIRTHA V CPA
1321 ARBOR VISTA LOOP #125
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

Name
Christopher Hurn

Street Address (P.O. Box Number is Not Acceptable)
1672 Kersley Circle

City
Heathrow

State
FL

Zip Code
32746

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]* **08-26-03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM	NAME HURN, CHRISTOPHER	<input type="checkbox"/> Delete
STREET ADDRESS 342 DEVON PLACE	CITY-ST-ZIP HEATHROW FL 32746	
TITLE MGRM	NAME LONGSTAFF, GEOFFREY	<input type="checkbox"/> Delete
STREET ADDRESS 634 MOURNING DOVE CIRCLE	CITY-ST-ZIP LAKE MARY FL 32746	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE MGRM	NAME Hurn, Christopher	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1672 Kersley Circle	CITY-ST-ZIP Heathrow, FL 32746	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

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]* **Christopher G. Hurn** **08-26-03** **407-949-0732**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

3300000



CHECK HERE IF MAKING CHANGES

CR2E083 (4/03)