## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 08, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of Stat	
DOCUM	MENT # L020000330	97			·
1. Entity Name MERE HOLDING COMPANY, LLC					
MERE HO	LDING COMPANT, LEC				
Principal Place	of Business	Mailing Address	<del></del> ,		
3300 S. HIAW ORLANDO, FL	iassee road, suite 106 32835 —	3300 S. HIAWASSEE ROAD, SU ORLANDO, FL 32835	ITE 106		
	Was a state of the	The second section of the second seco			
DO NOT WRITE IN THIS SPACE			02092005 No Chg-LLC	R2E083 (10/03)	
ט	O NO! WHILE	IN I DIO SPA	Ų <b>E</b>	4. FEI Number 01-0757500	Applied For Not Applicable
		·		5. Certificate of Status Desired	\$5.00 Additional Fee Required
	5. Name and Address of Current R	egistered Agent	2 /5		CONTRACTOR OF THE STATE OF THE
DEAN MEAD SERVICES, LLC 800 N. MAGNOLIA AVENUE, SUITE 1500 ORLANDO, FL 32803			DO NOT WRIT	rF	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·	IN THIS SPAC	E
	named entity submits this statement for one of registered agent.	the purpose of changing its register	ed office or registe	red agent, or both, in the State of Florida. 1	am familiar with, and accept
tise congain	oris di registareo ageni.				
SIGNATURE_	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Registers	d Agent signature requires	d when reinstating) DA	WE .
Filing Fee is \$50.00 Due by May 1, 2005					
9.	MANAGING MEMBER	S/MANAGERS			San San The Constitution of the Constitution o
TITLE	MGRM				
NAME STREET ADDRESS	BALLINGER, DAVID A 6100 STEVENSON DRIVE, UNIT	100		03/08/05-800	<u>966,</u>
1	ORLANDO, FL 32835				33-003 50 <b>.</b> 00
TITLE			<u> </u>		and a supplementary of sold a substitution from a supplement to sold a sold of the supplementary of
NAME CONTEXT ADDRESS					
STREET ADDRESS CITY-ST-ZIP			1		
TITLE			THE THE PERSON OF STREET AND ADDRESS OF STREET	(*************************************	
NAME STREET ADDRESS				-	المنسق مفيونا
CITY-ST-ZIP				DO NOT WRI	
TITLE				IN THIS SPAC	)E
NAME STREET ADDRESS					<del></del>
CITY-ST-ZIP			J		
TITLE		<u></u>		<u> </u>	<u></u>
NAME STORET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					
TITLE					

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

107-295-9565

Daylime Phone #