

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000001481</b>	
1. Entity Name MERCURY FIDELITY TRUST, LLC	
Principal Place of Business 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461-6606	Mailing Address 2328 TENTH AVENUE NORTH, SUITE 403 LAKE WORTH, FL 33461-6606



04062005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3739680	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

RUKIN, ROGER  
2328 TENTH AVENUE NORTH, SUITE 403  
LAKE WORTH, FL 33461-6606

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

1100000314446  
04/18/05-80166-021 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	JAMES B. RUKIN REVOCABLE TRUST
STREET ADDRESS	2328 10TH AVE. N. STE 403
CITY-ST-ZIP	LAKE WORTH, FL 334616606
TITLE	MGRM
NAME	JULIA R. RUKIN REVOCABLE TRUST
STREET ADDRESS	2328 10TH AVE. N. STE 403
CITY-ST-ZIP	LAKE WORTH, FL 334616606
TITLE	MGR
NAME	RUKIN, ROGER B
STREET ADDRESS	2328 10TH AVE. N. STE 403
CITY-ST-ZIP	LAKE WORTH, FL 334616606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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:**

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

Date

Daytime Phone #

4/14/05 561 586-0100