

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000001481

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



01242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3739680

Applied For
Not Applicable

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, 2007**

000000607927
01/31/07-80058-004 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

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 exemptions contained in Chapter 119, 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 # _____