2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

City & State

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

Zip

DOCUMENT # L03000002953

Country

6. Name and Address of Current Registered Agont

1. Entity Name
MERRC PROPERTIES, LLC

Principal Place of Business

2. Principal Place of Business

POSNER, MICHAEL-J.ESQ - -

4420 BEACON CIRCLE, STE. 100 WEST PALM BEACH, FL 33407

11960 FEDERAL HWY.

Suite, Apt. #, etc.

SIGNATURE:

City & State

Zip

HOBE SOUND, FL

FILED Apr 26, 2004 8:00 am Secretary of State

04-09-2004 90215 041 ****50.00

Zip Code

Mailing Address 34004109 945 SPRING ROAD **PELHAM MANOR** NEW YORK, NY 10803 3. Mailing Address Suite, Apt. #, etc. 03082004 Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For <u>8205</u>85976 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)

3/26/04

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 familier with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and see it applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR TITLE ☐ Delete TITLE ☐ Chance ☐ Addition OSTERER, RICHARD NAME NAME STREET ADDRESS 945 SPRING ROAD STREET ADDRESS CITY-ST-ZIP PELHAM MANOR, NY 10803 CITY-ST-ZIP UNE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET, ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Addition Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST. TIP = TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delate MIE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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.

City