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Jun 25, 2007 8:00 am
Secretary of State
03-21-2007 90160 015 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

30011247

DOCUMENT # L03000003071.

1. Entity Name
A. A. MERRITT, LLC.

Principal Place of Business	Mailing Address
1811 SE 38 CT OCALA FL 34471	1811 SE 38 CT OCALA FL 34471

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 56-2315985 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ABRABEN, MARY R
1811 SE 38 COURT
OCALA FL 34471

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTNR NYE, STURDEVANT S 6737 SIMMS ST HOLLYWOOD FL 33024 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTNR NYE, NONATHAN O 15 ZEBALON PL PALM COAST FL 32164 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTNR FRENCH, ELIZABETH J 7 LEACREST RD TORONTO CANADA ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTNR ABRABEN, MARY R 1811 SE 38 CT OCALA FL 34471 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Abraben, Mary R. 1811 SE 38 Ct Ocala, FL. 34471 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mary R Abraben (Mary R. Abraben) 3-13-07 352-624-3951
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE — TELEPHONE #