


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90029 029 ****50.00

DOCUMENT # L03000007801	
1. Entity Name MERRY L PROPERTIES, LLC	

Principal Place of Business 6101 S. INDIAN RIVER DR. FT PIERCE, FL 34982	Mailing Address 6101 S. INDIAN RIVER DR. FT PIERCE, FL 34982
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2. Principal Place of Business - No P.O. Box # 5312 Stately Oak Dr	3. Mailing Address 5312 Stately Oak Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort Pierce, FL	City & State Fort Pierce, FL
Zip 34981	Country USA
Zip 34981	Country USA

40070046



01192007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent MINTON, MARIEL C 6101 S. INDIAN RIVER DR. FT PIERCE, FL 34982	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5312 Stately Oak Dr City Fort Pierce, FL Zip Code 34981	

4. FEI Number 65-1170996	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MINTON, MARIEL C 6101 S. INDIAN RIVER DR. FT PIERCE, FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5312 Stately Oak Dr Fort Pierce, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mariel C. Minton 1/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #