2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000004112

1. Entity Name
MERRITT INDUSTRIAL, LLC



- FILED Jan 31, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

6295 S TROPICAL TRAIL MERRITT ISLAND, FL 32951 6295 S TROPICAL TRAIL MERRITT ISLAND, FL 32951



01112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 73-1694644 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NOHRR, PHILIP R ESQ 1800 E HIBISCUS BLVD, STE 138 MELBOURNE, FL 32901

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		BN I	nis space
	named entity submits this statement for the purpose of chartions of registered agent.	iging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and this if applicable	(NOTE: Registered Agent eignature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2006		
9,	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOTT JR, EDWARD W 6295 S TROPICAL TRAIL MERRITT ISLAND, FL 32951		U00000410517 02/09/06-80039-012 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CNTY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			

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

STREET ADDRESS CITY-ST-ZIP

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

1-17-06

Daylime Phone #