


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90290 037 ****50.00

DOCUMENT # L04000013726			
1. Entity Name MERRITT ENTERPRISES, LLC			
Principal Place of Business 877 MEADOWLARK CIRCLE WINTER HAVEN, FL 33884-2542		Mailing Address 877 MEADOWLARK CIRCLE WINTER HAVEN, FL 33884-2542	
2. Principal Place of Business 1559 Faircloth Ct. Suite, Apt. #, etc.		3. Mailing Address 1559 Faircloth Ct. Suite, Apt. #, etc.	
City & State Apopka, FL Zip: 32703 Country: U.S.		City & State Apopka FL Zip: 32703 Country: U.S.	
4. FEI Number		02072005 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		<input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MOORE, MICHAEL L ESQ 640 NORTH HILLSIDE AVENUE ORLANDO, FL 32803		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: MERRITT, DALLAS JR STREET ADDRESS: 877 MEADOWLARK CIRCLE CITY-ST-ZIP: WINTER HAVEN, FL 338842542	<input type="checkbox"/> Delete	TITLE: MGRM NAME: MERRITT, DALLAS, JR STREET ADDRESS: 1559 Faircloth Ct. CITY-ST-ZIP: Apopka, FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGR NAME: UPP, DEBBIE STREET ADDRESS: 1559 FAIRCLOTH COURT CITY-ST-ZIP: APOPKA, FL 32703	<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
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 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.			
SIGNATURE: _____		3-22-05 863-324-0729	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	