



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-28-2005 90048 035 ****55.00

| | | | | | |
|---|---------------------------------|--|--|---|----------|
| DOCUMENT # L04000013943 | | | |  | |
| 1. Entity Name MERRICK VIEW HOLDINGS, LLC | | | | | |
| Principal Place of Business 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 | | Mailing Address 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01312005 Chg-LLC CR2E083 (10/03) | |
| Zip | | Country | | 4. FEI Number 81-0645557 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BOMSTEIN, BRIAN E 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 | | | 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 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | |
| NAME | | MGR | | | |
| STREET ADDRESS | | Ertel, David | | | |
| CITY-ST-ZIP | | 4425 Ponce de Leon Blvd., 4th FL | | | |
| | | Coral Gables, FL 33146 | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | |
| NAME | | MGR-SVP | | | |
| STREET ADDRESS | | Quint, David | | | |
| CITY-ST-ZIP | | 4425 Ponce de Leon Blvd., 4th FL | | | |
| | | Coral Gables, FL 33146 | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | |
| NAME | | MGR-SVP | | | |
| STREET ADDRESS | | Oppenheim, Robert | | | |
| CITY-ST-ZIP | | 4425 Ponce de Leon Blvd., 4th FL | | | |
| | | Coral Gables, FL 33146 | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | |
| NAME | | SVPS | | | |
| STREET ADDRESS | | Bomstein, Brian E | | | |
| CITY-ST-ZIP | | 4425 Ponce de Leon Blvd., 4th FL | | | |
| | | Coral Gables, FL 33146 | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | |
| NAME | | SVPT | | | |
| STREET ADDRESS | | Wegner, Robert A | | | |
| CITY-ST-ZIP | | 4425 Ponce de Leon Blvd., 4th FL | | | |
| | | Coral Gables, FL 33146 | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | |
| NAME | | SVP-AT | | | |
| STREET ADDRESS | | Fischer, John H | | | |
| CITY-ST-ZIP | | 4425 Ponce de Leon Blvd., 4th FL | | | |
| | | Coral Gables, FL 33146 | | | |
| 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:  | | (David Quint) | | Feb. 25, 2005 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | | 305-854-8880 | |
| | | | | Daytime Phone # | |

ATTACHMENT

20016361

10. MERRICK VIEW HOLDINGS, LLC
DOCUMENT NO. L0400013943

| | | | |
|----------------|---|---------------------------------|--|
| TITLE | VPAS | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | CARR, THOMAS | | |
| STREET ADDRESS | 4425 PONCE DE LEON BLVD., 4 TH FLOOR | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33146 | | |

| | | | |
|----------------|---|---------------------------------|--|
| TITLE | VP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | WILLIAMS, MARVIN | | |
| STREET ADDRESS | 4425 PONCE DE LEON BLVD., 4 TH FLOOR | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33146 | | |

| | | | |
|----------------|---|---------------------------------|--|
| TITLE | VP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | LOMINAC, EVE | | |
| STREET ADDRESS | 4425 PONCE DE LEON BLVD., 4 TH FLOOR | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33146 | | |

| | | | |
|----------------|---|---------------------------------|--|
| TITLE | VP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | SPILLIS, GEORGE | | |
| STREET ADDRESS | 4425 PONCE DE LEON BLVD., 4 TH FLOOR | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33146 | | |