



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			
Zip	Country	Zip	Country	01312005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 81-0645557				Applied For <input type="checkbox"/> 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGRP Ertel, David 4425 Ponce de Leon Blvd., 4th FL Coral Gables, FL 33146		
			MGR-SVP Quint, David 4425 Ponce de Leon Blvd., 4th FL Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGR-SVP Oppenheim, Robert 4425 Ponce de Leon Blvd., 4th FL Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			SVPS Bomstein, Brian E 4425 Ponce de Leon Blvd., 4th FL Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			SVPT Wegner, Robert A 4425 Ponce de Leon Blvd., 4th FL Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			SVP-AT Fischer, John H 4425 Ponce de Leon Blvd., 4th FL Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" 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: 			(David Quint) Feb. 25, 2005 305-854-8880		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 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		