

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90294 011 ****55.00

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1. Entity Name
MERRICK VIEW HOLDINGS, LLC

Principal Place of Business Mailing Address
4425 PONCE DE LEON BLVD., 4TH FLOOR **4425 PONCE DE LEON BLVD., 4TH FLOOR**
CORAL GABLES, FL 33146 **CORAL GABLES, FL 33146**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

02212006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
81-0645557 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRP Delete
 NAME ERTEL, DAVID
 STREET ADDRESS 4425 PONCE DE LEON BLVD, 4TH FLOOR
 CITY-ST-ZIP MIAMI, FL 33146

TITLE V/AS Change Addition
 NAME Carr, Thomas F
 STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Flr
 CITY-ST-ZIP Coral Gables, FL 33146

TITLE MGRS Delete
 NAME QUINT, DAVID
 STREET ADDRESS 4425 PONCE DE LEON BLVE, 4TH FL
 CITY-ST-ZIP MIAMI, FL 33146

TITLE VP Change Addition
 NAME Lominac, Ewe
 STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Flr.
 CITY-ST-ZIP Coral Gables, FL 33146

TITLE MGRS Delete
 NAME OPPENHEIM, ROBERT
 STREET ADDRESS 4425 PONCE DE LEON BLVD, 4TH FL
 CITY-ST-ZIP MIAMI, FL 33146

TITLE VP Change Addition
 NAME Williams, Harvin
 STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Flr
 CITY-ST-ZIP Coral Gables, FL 33146

TITLE SVP Delete
 NAME BOMSTEIN, BRIAN E
 STREET ADDRESS 4425 PONCE DE LEON BLVD, 4TH FL
 CITY-ST-ZIP MIAMI, FL 33146

TITLE SVP/S Change Addition
 NAME Bomstein, Brian E
 STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Flr
 CITY-ST-ZIP Coral Gables, FL 33146

TITLE SVPT Delete
 NAME WEGNER, ROBERT A
 STREET ADDRESS 4425 PONCE DE LEON BLVD, 4TH FL
 CITY-ST-ZIP MIAMI, FL 33146

TITLE VP Change Addition
 NAME Spillis, George
 STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Flr
 CITY-ST-ZIP Coral Gables, FL 33136

TITLE SVPA Delete
 NAME FISCHER, JOHN H
 STREET ADDRESS 4425 PONCE DE LEON BLVD, 4TH FL
 CITY-ST-ZIP MIAMI, FL 33146

TITLE SVP/AT Change Addition
 NAME Fischer, John H
 STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Flr
 CITY-ST-ZIP Coral Gables, FL 33136

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:

DAVID QUINT

3/6/06

305 854 8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daviens Phone #