


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90219 015 ****50.00

60010400



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 - No P O Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State		4. FEI Number 81-0645557	
Zip		Country		5. Certificate of Status Desired <input 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)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERTEL, DAVID		NAME		
STREET ADDRESS	4425 PONCE DE LEON BLVD, 4TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33146		CITY-ST-ZIP		
TITLE	MGRS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINT, DAVID		NAME		
STREET ADDRESS	4425 PONCE DE LEON BLVE, 4TH FL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33146		CITY-ST-ZIP		
TITLE	MGRS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OPPENHEIM, ROBERT		NAME		
STREET ADDRESS	4425 PONCE DE LEON BLVD, 4TH FL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33146		CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOMSTEIN, BRIAN E		NAME	SVIS BOMSTEIN, BRIAN	
STREET ADDRESS	4425 PONCE DE LEON BLVD, 4TH FL		STREET ADDRESS	4425 PONCE DE LEON BLVD, 4TH FLR.	
CITY-ST-ZIP	MIAMI, FL 33146		CITY-ST-ZIP	CORAL GABLES, FLA 33146	
TITLE	SVPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEGNER, ROBERT A		NAME		
STREET ADDRESS	4425 PONCE DE LEON BLVD, 4TH FL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33146		CITY-ST-ZIP		
TITLE	ATSV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISCHER, JOHN H		NAME		
STREET ADDRESS	4425 PONCE DE LEON BLVD, 4TH FL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33146		CITY-ST-ZIP		
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: <i>David Ertel</i>			Date: 2/13/07 Daytime Phone #: 305-854-8880		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE					
DAVID ERTEL					

ATTACHMENT

60015486

10. MERRICK VIEW HOLDINGS, LLC
DOCUMENT NO. L04000013943

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

TITLE	V	<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		