## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 01, 2007 08:00 A Secretary of State

Sign And Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Addr	1. Entity Name	MENT#LU4000020 MERCADO MD, LLC	J092		Secretary of	1 51	
Sutin. April. et acc.    Coy & States	180 SW 84 A Suite C	VE	3225 AVIATION AVE SUITE 500		1 ARCHEN BIJ GRID BIR I GRID GRID GRID BRID BOJE 1989 BRIGI I BIJR JOHN HERBE 11 I	FII	
Coy & State  Covering to Country  So & Country  To Name and Address of Coursent Registered Agent  To Name and Address of New Register	2. Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address				
Security   Security   Security   Security   Security   Securities of Status Desired   Security   Security   Security   Securities of Status Desired   Security   Se	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242007 Chg-LLC CR2E083 (12/06)		
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zo Code  City  FL  Zo Code  City  FL  Zo Code  B. 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  FILING Fee is \$50,00  Due by May 1, 2007  MANAGING MEMBERS / MANAGERS  10. ADDITIONS/CHANGES  ITHE  MAKE  BOYETT, ROBERT E  MAKE  BOYET AGAINS  CITY-ST-2P  MAMMI, FL 33176  Delets  THE  MAKE  BOYET AGAINS  CITY-ST-2P  MAMMI, FL 33176  Delets  THE  MAKE  BOYET AGAINS  CITY-ST-2P	City & State		City & State				
Name   Size AVAITION AVE.   SUITE 500   Size Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country		J	
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Curren	Registered Agent	Name	7. Name and Address of New Registered Agent		
Entry and control submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Roide. It am familiar with, and accept the obligations of registered agent.  SIGNATURE:    City	3225 AVIATION AVE., SUITE 500						
B. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am flamiliar with, and accept the obligations of registered agent.  SIGNATURE:    Change   Change   Change   Change   Change   Change   Change   Additional Process	1411/ (1411, 1 2	55155 4741		City	<b>□</b> ■ Zin Coda		
SIGNATURE:    Signature, hoped or printed name of registered agent and side 1 spookable   NOTE Registered Agent sponkurs required when relocation   NOTE Registered Agent sponkurs required when relocation   NAME	6 Th. share	and the second s	- the automatical inclination			ccont	
Filling Fee is \$50.00 Due by May 1, 2007    S.   MANAGING MEMBERS / MANAGERS   10.   ADDITIONS / CHANGES   Additions   Additio	the obligati	ons of registered agent.				_	
ITITE MAME BOYETT, ROBERT E SIRET ADDRESS SIRET ADDRESS CITY-ST-2P  ITITE MAME SIRET	Fil	ling Fee is \$50.00			Make check payable to		
BOYETT, ROBERT E SIREET ADDRESS STREET ADDRESS CITY-ST-2P  TITLE MAME	9.	MANAGING MEMB	 ERS/MANAGERS	10.	ADDITIONS/CHANGES		
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SIGNATURE AND TYPED OP PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OF AUTHORIZED REPRESENTATIVE Date Daving Proce #	indicated fimited fial	on this report is true and accurate anbility company or the receiver or truste	d that my signature shall have to be empowered to execute this n	he same legal effect as il eport as required by Cha	if made under oath; that I am a managing member or manager of that foot apter 608, Florida Statutes.  Boyett, MD April 25, 2007 . 305-273-4641	ie iu	