FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 23 AM 8:25

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000038731

1. Entity Name
MERMAID KEY, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 6500 N. ATLANTIC AVENUE<br>CAPE CANAVERAL, FL 32920 | 6500 N. ATLANTIC AVENUE<br>CAPE CANAVERAL, FL 32920 |

DO NOT WRITE IN THIS SPACE

01042008No Chg-LLC CR2E083 (12/07)

4. FEI Number
86-1106304
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, JANICE M
6500 N. ATLANTIC AVE
SUITE C
CAPE CANAVERAL, FL 32920

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

100130101441
05/23/08--01007--011 **1948.75

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | GREENE INTERNATIONAL DEVELOPMENT CORP. |
| STREET ADDRESS | 6500 N. ATLANTIC AVE SUITE C |
| CITY-ST-ZIP | CAPE CANAVERAL, FL 32920 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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: _____ 4/24/08 (321) 799-0799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #