2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 03, 2006 8:00 am Secretary of State **DOCUMENT #L05000029794** 02-20-2006 90146 032 ****50.00 05-03-2006 90031 023 ****50.00 1. Entity Name MERIC, LLC 60033440 Principal Place of Business Mailing Address 3731 LAKE WORTH ROAD 3731 LAKE WORTH ROAD LAKE WORTH, FL 33461 LAKE WORTH, FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-2659050 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAN PEDRO, BENEDICTO Street Address (P.O. Box Number is Not Acceptable) 3731 LAKE WORTH ROAD LAKE WORTH, FL 33461 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM X Addition TITLE ☐ Delete Change NAME NAME Benedicto San Pedro STREET ADDRESS STREET ADDRESS 3731 Lake Worth Road, Suite 1 CITY-ST-ZIP CITY-ST-7IP Lake Worth, FL 33461 THLE ☐ Delete TITLE ☐ Change X Addition MGRM NAME NAME Nancy San Pedro STREET ADDRESS STREET ADDRESS 3731 Lake Worth Road, Suite 1 CITY-ST-ZIP CITY-ST-ZIP Lake Worth, FL 33461 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Chance TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

Nancy San Pedro Managing Member mu

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

(561)967-0234

Daytime Phone #

FILED

ATTACHMENT 60035428

3/24/06 To whom it Hay Concern; Attached so our annual Report 4 another cheek! Please Return the 1st me. We already filed This 2/5/06- but et didn't clear

> Thurste Ipm 11. San Pedro

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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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