

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063134

FILED
Apr 28, 2006
Secretary of State

Entity Name: MERCO GROUP AT KENDALL SUNRISE LLC

Current Principal Place of Business:

5101 COLLINS AVE.
MANAGEMENT OFFICE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

6701 COLLINS AVE.
ST. JULIEN
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 20-3049520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERCO GROUP, INC.
6701 COLLINS AVE.
ST. JULIEN
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

CAMPOS, JUAN C LEGAL C
6701 COLLINS AVE.
ST. JULIEN
MIAMI BEACH, FL 33141 US

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.

SIGNATURE: JUAN C. CAMPOS

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: UNIVERSITY AT 107TH, AVE. INC.
Address: 5101 COLLINS AVE.
City-St-Zip: MIAMI, FL 33140

Title: MGR (X) Delete
Name: CASTRO, ANTONIO J
Address: 6701 COLLINS AVE.
City-St-Zip: MIAMI, FL 33141

ADDITIONS/CHANGES:

Title: VP (X) Change () Addition
Name: CASTRO, ANTONIO J VP, CFO
Address: 6701 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANTONIO J. CASTRO

VP

04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date