## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE: \_\_\_\_\_

## Apr 27, 2006 8:00 am Secretary of State **DOCUMENT #L05000075883** 04-14-2006 90032 031 \*\*\*\*50.00 1. Entity Name C203 MERRICK REALTY LLC Principal Place of Business Mailing Address 6366 WESTCHESTER CLUB DRIVE **6366 WESTCHESTER CLUB DRIVE** ~~30006218 BOYNTON BEACH, FL 33437 US BOYNTON BEACH, FL 33437 US 2. Principal Place of Business 3. Mailing Address Suita, Apt. #, etc. Suite, Apt. #, etc. 01242006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For Not Applicable Zip Ζiρ Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KENNY, AILEEN Street Address (P.O. Box Number is Not Acceptable) 6366 WESTCHESTER CLUB DRIVE **BOYNTON BEACH, FL 33437** City Zip Code FL 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 lamiliar with, and accept SIGNATURE Signature, typed or printed name of registered agent and stall 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 Delete TITLE ☐ Chance ☐ Addition KENNY, AILEEN NAME NAME 6366 WESTCHESTER CLUB DRIVE STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FL 33437 CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUY-SI-7IP 017-51-22 TITLE TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP OTTY-ST-ZIP Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP title Delete ting ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. Thereby certify that the information supplied with this tilling 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 eath; that I am a managing member or manager of the limited liability company or the receiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**