


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90152 002 \*\*\*\*50.00

<b>DOCUMENT # L05000117735</b> 1. Entity Name <b>MERCO GROUP AT PALM BEACH LAKES, LLC</b>	
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Principal Place of Business <b>6701 COLLINS AVENUE ST. JULIEN ROOM MIAMI BEACH, FL 33141</b>	Mailing Address <b>5101 COLLINS AVENUE MANAGEMENT OFFICE MIAMI BEACH, FL 33140</b>
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**40114167**



01262007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3828348</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>ZARETSKY, LOUIS D. 555 N.E. 15TH STREET SUITE 100 MIAMI, FL 33132</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MERCO GROUP AT 107TH AVENUE, INC. 6701 COLLINS AVENUE, ST. JULIEN ROOM MIAMI BEACH, FL 33141</b>
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**U00000735471**  
**05/14/07 8:00 AM 019 150.00**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/20/07 (305) 864-6680**  
Date Daytime Phone #