


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # L06000054518 1. Entity Name MERRITT LAND COMPANY, LLC	
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Principal Place of Business 5525 NORTH COURTENAY PKWY MERRITT ISLAND, FL 32953	Mailing Address 5525 NORTH COURTENAY PKWY MERRITT ISLAND, FL 32953
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DO NOT WRITE IN THIS SPACE



03182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 51-0581453	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CRISAFULLI, JOSEPH B
5525 NORTH COURTENAY PKWY
MERRITT ISLAND, FL 32953**

**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

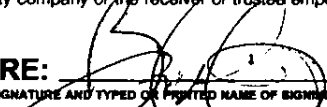
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRISAFULLI, JOSEPH B 5525 NORTH COURTENAY PKWY MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRISAFULLI, MARY CAROL 5525 NORTH COURTENAY PKWY MERRITT ISLAND, FL 32953
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U00000086889
04/08/08-80036-024 138.75

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:  **03/19/08** **321-453-7131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #