

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090579

Entity Name: MERCURY ROAD LLC

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

304 E. MAIN ST.
PO BOX 309
MACUNGIE, PA 18062

New Principal Place of Business:

3580 SAILBOARD CIRCLE
ANCHORAGE, AK 99516

Current Mailing Address:

304 E. MAIN ST.
PO BOX 309
MACUNGIE, PA 18062

New Mailing Address:

3580 SAILBOARD CIRCLE
ANCHORAGE, AK 99516

FEI Number: 20-5550484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATHFINDER BUSINESS STRATEGIES, LLC
10315 102ND TERRACE
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

KANE, CHRISTOPHER B MGRM
3580 SAILBOARD CIRCLE
ANCHORAGE, FL 99516 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: CHRISTOPHER B KANE

04/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KANE, CHRISTOPHER B
Address: 1984 NW THOMSEN LANE
City-St-Zip: MCMINNVILLE, OR 97128

Title: MGRM () Delete
Name: NUTTER, NATALIE A
Address: 304 E. MAIN ST., PO BOX 309
City-St-Zip: MACUNGIE, PA 18062

ADDITIONS/CHANGES:

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

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: CHRISTOPHER B KANE

MGRM

04/11/2007

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