


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/2 **FILED**
Jun 02, 2008 8:00 am
Secretary of State

04-28-2008 90031 019 ***138.75

DOCUMENT # L07000110500

1. Entity Name
55 MERRICK AMBER, LLC



Principal Place of Business
**901 PONCE DE LEON
 SUITE 700
 CORAL GABLES, FL 33134**

Mailing Address
**901 PONCE DE LEON
 SUITE 700
 CORAL GABLES, FL 33134**

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2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02262008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number **26-1407808**

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**BSPA CORPORATE SERVICES, INC.
 350 E. LAS OLAS BLVD.
 SUITE 1000
 FT. LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$638.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	TIEN, YIFE	901 PONCE DE LEON BLVD., SUITE 700	CORAL GABLES, FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* Date: 4/24/08 Daytime Phone #: 305-446-0600

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

ATTACHMENT

30008497

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FEDERAL EMPLOYER IDENTIFICATION NUMBERS

55 Merrick Lilac, LLC 26-1407649

55 Merrick Magenta, LLC 26-1407703

55 Merrick Crimson, LLC 26-1407757

55 Merrick Amber, LLC 26-1407808

55 Merrick Azul, LLC 26-1407860

55 Merrick Verdes, LLC 26-1407907
