2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jun 17, 2008 8:00 am
Secretary of State

04-30-2008 90019 006 ****50.00
06-17-2008 90051 001 ****88.75

50007163

DOCUMENT # L99000006308

1. Entity Name
MERRITT LENDING LLC

Principal Place of Business	Mailing Address
311 MAGNOLIA AVENUE MERRITT ISLAND FL 32952	311 MAGNOLIA AVENUE MERRITT ISLAND FL 32952

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4667 North Friday Cr	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Cocot FL	City & State
Zip: 32926 Country: Brevard	Zip / Country

4. FEI Number: 59-3603207 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~JOSEPH D. MCBRIDE JR.~~
4667 N FRIDAY CIRCLE
COCOA FL 32926

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 ______________________

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS ONLY

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MCBRIDE, CHERYL R 4667 N FRIDAY CIR COCOA FL 32926	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MCBRIDE, JOSEPH D JR. 4667 N FRIDAY CIR COCOA FL 32926	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. MGRM Member ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mitchell K McBride 4667 North Friday Circle Cocoa FL 32926 MGRM	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joseph D. McBride

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #