

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90020 006 ****55.00

DOCUMENT # M04000001189

1. Entity Name
MERCURY REAL ESTATE SERVICES, LLC



Principal Place of Business
**4425 PONCE DE LEON BLVD, 4TH FLOOR
CORAL GABLES, FL 33146**

Mailing Address
**4425 PONCE DE LEON BLVD, 4TH FLOOR
CORAL GABLES, FL 33146**

20016644



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032005 Chg-LLC CR2E083 (10/03)

4. FEI Number
APPLIED FOR 42-1623552

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOMSTEIN, BRIAN E ESQ
4425 PONCE DE LEON BLVD, 4TH FLOOR
CORAL GABLES, FL 33146**

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

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
QUINT, DAVID
4425 PONCE DE LEON BLVD, 4TH FLOOR
CORAL GABLES, FL 33146** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPT
WEGNER, ROBERT
4425 Ponce de Leon Blvd, 4th FLR.
Coral Gables FL 33146** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPS
BOMSTEIN, BRIAN E
4425 Ponce de Leon Blvd, 4th FLR.
Coral Gables, FL 33146** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPT
FISCHER, JOHN H
4425 Ponce de Leon Blvd, 4th FLR.
Coral Gables, FL 33146** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
MUELLER, FRANK
4425 Ponce de Leon Blvd, 4th FLR.
Coral Gables, FL 33146** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPAS
LARR, THOMAS
4425 Ponce de Leon Blvd, 4th FLR.
Coral Gables FL 33146** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature]

[Signature]

2/25/05

305-854-8880