

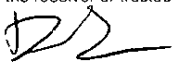


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90188 018 \*\*\*\*50.00

<b>DOCUMENT # M04000001189</b> 1. Entity Name <b>MERCURY REAL ESTATE SERVICES, LLC</b>					
Principal Place of Business <b>4425 PONCE DE LEON BLVD, 4TH FLOOR CORAL GABLES, FL 33146</b>			Mailing Address <b>4425 PONCE DE LEON BLVD, 4TH FLOOR CORAL GABLES, FL 33146</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		03012007    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>42-1623552</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>BOMSTEIN, BRIAN E ESQ 4425 PONCE DE LEON BLVD, 4TH FLOOR CORAL GABLES, FL 33146</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUINT, DAVID 4425 PONCE DE LEON BLVD, 4TH FLOOR CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/P QUINT, DAVID 4425 PONCE DE LEON BLVD. 4TH FLR CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT WEGNER, ROBERT 4425 PONCE DE LEON BLVD 4TH FLR MIAMI, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV/CAO/T WEGNER, ROBERT 4425 PONCE DE LEON BLVD., 4TH FLR CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BOMSTEIN, BRIANE 4425 PONCE DE LEON BLVD 4TH FLR MIAMI, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATSV FISCHER, JOHN H 4425 PONCE DE LEON BLVD 4TH FLR MIAMI, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUELLER, FRANK 4425 PONCE DE LEON BLVD 4TH FLR MIAMI, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVP CARR, THOMAS 4425 PONCE DE LEON BLVD 4TH FLR MIAMI, FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> 			3/5/2007      305-854-8880		
DAVID QUINT, MANAGER					

# ATTACHMENT

60021718

10. MERCURY REAL ESTATE SERVICES, LLC  
DOCUMENT NO. M04000001189

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, MARVIN		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 <sup>TH</sup> FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARRIGAN, EVE		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 <sup>TH</sup> FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		