


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State


05-07-2007 90375 024 ****50.00

DOCUMENT # M05000001823	
1. Entity Name THOR MERRITT SQUARE LLC	

Principal Place of Business C/O THOR EQUITIES, LLC 139 FIFTH AVENUE NEW YORK, NY 10010	Mailing Address C/O THOR EQUITIES, LLC 139 FIFTH AVENUE NEW YORK, NY 10010
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2. Principal Place of Business - No P.O. Box # C/O Thor Equities, LLC	3. Mailing Address
Suite, Apt. #, etc. 25 West 39th Street	Suite, Apt. #, etc.
City & State New York, NY	City & State
Zip 10018	Country USA

60049227



04262007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent	
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOR URBAN OPERATING FUND, LP 139 FIFTH AVENUE NEW YORK, NY 10010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Joseph J. Sitt, Managing Member **4/30/07** **212-529-5055**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #