

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000066910

**FILED  
Jan 19, 2005  
Secretary of State**

**Entity Name:** UNDERWOOD, EPPLEY & MORRIS, P.L.

**Current Principal Place of Business:**

129 N. MAIN STREET  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

**Current Mailing Address:**

129 N. MAIN STREET  
BROOKSVILLE, FL 34601

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORRIS, ROBERT A ESQ.  
129 N. MAIN STREET  
BROOKSVILLE, FL 34601    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      LAW OFFICES OF ROBER, T A. MORRIS JR . ESQ  
Address:                      129 N. MAIN STREET  
City-St-Zip:                      BROOKSVILLE, FL 34601

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT ALLEN MORRIS JR                      MGR                      01/19/2005

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date