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2005 MAY -6 PM 12: 11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L04000083240</b>				<b>2005 MAY -6 PM 12: 17</b>	
1. Entity Name <b>MORGAN AND MORGAN, PLLC</b>		<b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>			
Principal Place of Business <b>20 N. ORANGE AVENUE, SUITE 1607 ORLANDO, FL 32801</b>		Mailing Address <b>20 N. ORANGE AVENUE, SUITE 1607 ORLANDO, FL 32801</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>03172005 Chg-LLC CR2E083 (10/03)</b>	
City & State		City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CAROLAN, J.P. III, ESQ 390 N. ORANGE AVENUE, SUITE 1500 ORLANDO, FL 32801</b>			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, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Mgr John B. Morgan 20 N. Orange Avenue, Suite 1607 Orlando, Florida 32801 <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	Mgr Scott H. Bates 20 N. Orange Avenue, Suite 1607 Orlando, Florida 32801 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	800055804012 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/06/05--01002--008 **775.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<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	<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	<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	<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 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 # _____					