


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L00000010451 1. Entity Name JOHN D. MORGANDO, L.L.C. |  |
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| Principal Place of Business 619 SAND CRANE CT. BRADENTON, FL 34212 | Mailing Address 619 SAND CRANE CT. BRADENTON, FL 34212 |
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DO NOT WRITE IN THIS SPACE



04182005 No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 65-1042036 | Applied For Not Applicable |
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|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|-----------------------------------|

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent MCGINNESS, W. LEE 1800 SECOND STREET, SUITE 971 SARASOTA, FL 34236 | DO NOT WRITE IN THIS SPACE |
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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.

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| SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE |
|---|--|------|

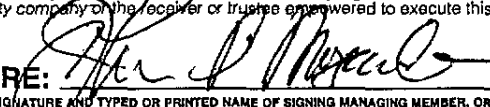
**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MORGANDO, JOHN D 619 SAND CRANE CT. BRADENTON, FL 34212 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MORGANDO, GINA 619 SAND CRANE CT. BRADENTON, FL 34212 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM SCHWARTZ, CARRIE 619 SAND CRANE CT. BRADENTON, FL 34212 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U00000320681
04/21/05-80048-007 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

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|---|---|---------------------|--------------------------------|
| SIGNATURE:  | <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date</small> | <small>Daytime Phone #</small> |
|---|---|---------------------|--------------------------------|