


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000002363 1. Entity Name MORGAN VENTURES I, L.C.	
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Principal Place of Business 4507 WATERS EDGE LANE SANIBEL, FL 33957	Mailing Address 4507 WATERS EDGE LANE SANIBEL, FL 33957
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DO NOT WRITE IN THIS SPACE



01072007 No Chg-LLC

CR2E083 (11/05)

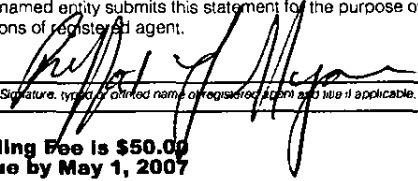
4. FEI Number 65-1113271	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MORGAN, RIFFAT 4507 WATERS EDGE LANE SANIBEL, FL 33957
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**DO NOT WRITE
IN THIS SPACE**

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 **Jan 8 / 2007**

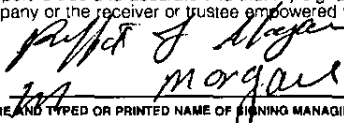

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORGAN, RIFFAT 4507 WATERS EDGE LANE SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORGAN, MARGARET 4507 WATERS EDGE LANE SANIBEL, FL 33957
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

U00000580686
01/10/07-80058-011 55.00

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:  **RIFFAT MORGAN**
 **MARGARET MORGAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE **1/8/07** DAYTIME PHONE # **239-422-2718**