# LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L01000002363**

1. Entity Name
MORGAN VENTURES I, L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 4507 WATERS EDGE LANE<br>SANIBEL, FL 33957 | 4507 WATERS EDGE LANE<br>SANIBEL, FL 33957 |

**DO NOT WRITE IN THIS SPACE**

01062008 No Chg-LLC        CR2E083 (12/07)

| 4. FEI Number | Applied For |
|---|---|
| 65-1113271 | Not Applicable |

5. Certificate of Status Desired     $5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MORGAN, RIFFAT
4507 WATERS EDGE LANE
SANIBEL, FL 33957

**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

Signature, typed or printed name of registered agent and title if applicable     (NOTE: Registered Agent signature required when reinstating)     DATE

**FILE NOW!!!  FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

**9.                    MANAGING MEMBERS/MANAGERS**

| | |
|---|---|
| TITLE | MGR |
| NAME | MORGAN, RIFFAT |
| STREET ADDRESS | 4507 WATERS EDGE LANE |
| CITY-ST-ZIP | SANIBEL, FL 33957 |
| TITLE | MGR |
| NAME | MORGAN, MARGARET |
| STREET ADDRESS | 4507 WATERS EDGE LANE |
| CITY-ST-ZIP | SANIBEL, FL 33957 |
| TITLE | |
| NAME | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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01/09/08-80047-023 143.75

**DO NOT WRITE IN THIS SPACE**

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  President_     1/7/08     239-472-47...

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