

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010019

FILED
Apr 27, 2006
Secretary of State

Entity Name: MORGAN, LLC

Current Principal Place of Business:

1360 WHITFIELD AVENUE
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

C/O KAREN MARTIN
1360 WHITFIELD AVENUE
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 65-1114843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREWETT, DANIEL L
5777 BENEVA ROAD SOUTH
SARASOTA, FL 34233 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/MANAGERS:

Title: MGR () Delete
Name: MARTIN, KAREN Y
Address: 1360 WHITFIELD AVENUE
City-St-Zip: SARASOTA, FL 34243

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

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

ADDITIONS/CHANGES:

Title: MM (X) Change () Addition
Name: MARTIN, KAREN Y
Address: 1360 WHITFIELD AVENUE
City-St-Zip: SARASOTA, FL 34243

Title: MGR () Change (X) Addition
Name: MCNAIR, JOEL M
Address: 1360 WHITFIELD AVENUE
City-St-Zip: SARASOTA, FL 34243

Title: MGR () Change (X) Addition
Name: WILLIAMS, GERTRUDE A
Address: 1360 WHITFIELD AVENUE
City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KAREN Y MARTIN

MM

04/27/2006

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