LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

L01000022627 DOCUMENT # 1. Entity Name MORRIS INVESTMENTS, LLC

FILED May 24, 2002 8:00 am Secretary of State

04-22-2002 90236 036 ****50.00



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| Thurs. | |
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2. Principal Place of Business 3. Mailing Address P.O. Box 1750 6037 Highway 98 Suite. Apt. #. etc. Suite, Apt. #, etc. City & State City & State Gulf Breeze. Fort Walton Bch Country US Country 32561 US

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Applied For Not Applicable \$5.00 Additional Fee Required

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| 7. Name and Address of Current Registered Agent | | | | |
|---|--|----------------------------|---------------|--|
| "Name " | William G. | Kilpatrick, | Jr. | |
| Street Ad | ddress (P.O. Box Number is N 1201 Eqlin | lot Acceptable) Parkway | | |
| City | Shalimar | FL | Zip Codes 7 a | |

5. Certificate of Status Desired

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.

| | Signature, typed or printed name of registered agent and tide if applicable. | | DATE |
|--|--|---|---------------|
| | Make Check Pa | EE IS \$50.00 yable to Depart UE BY MAY 1 | nent of State |
| 9. | MANAGING MEMBERS/MANAGERS | T - | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M Robert L. Morris P.O. Box 1750 Fort Walton Beach, FL 32549 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP | | NAME STREET ADDRESS CTY-S1-ZIP | |
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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.

| SIGNAT | TURE: |
|--------|-------|
| | |

GER, OR AUTHORIZED REPRESENTATIVE