

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000022627

**FILED**  
**Jul 15, 2005**  
**Secretary of State**

**Entity Name:** MORRIS INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

6037 HIGHWAY 98  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 6479  
NAVARRE, FL 325666479

**New Mailing Address:**

PO BOX 448  
HERMITAGE, TN 37076

**FEI Number:** 01-0597660      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KILPATRICK, WILLIAM G JR.  
35008 EMERALD COAST PKWY  
SUITE 202  
DESTIN, FL 32541 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:** MGRM      ( ) Delete  
**Name:** MORRIS, ROBERT L  
**Address:** PO BOX 6479  
**City-St-Zip:** NAVARRE, FL 325662079

**ADDITIONS/CHANGES:**

**Title:** MGRM      (X) Change      ( ) Addition  
**Name:** MORRIS, ROBERT L  
**Address:** PO BOX 448  
**City-St-Zip:** HERMITAGE, TN 37076

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** ROBERT LEE MORRIS

MGRM

07/15/2005

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