FILED
03 OCT 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90155606

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #L02000019859

1. Entity Name
MORGAN PROPERTY INVESTMENTS,LLC

Principal Place of Business	Mailing Address
20 N. ORANGE AVE STE. 1607 ORLANDO, FL 32801	20 N. ORANGE AVE STE. 1607 ORLANDO, FL 32801

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 16-1621303 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORGAN, JOHN 20 N. ORANGE AVE STE. 1607 ORLANDO, FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE

MAKE CHECK PAYABLE TO: Florida Department of State
Mail Check and Report to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager John Morgan 20 N. Orange Ave. St 1607 Orlando, FL 32801 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	member John & Ultima Morgan 20 N. Orange Ave, St. 1607 Orlando, FL 32801 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000023959030 10/21/03--01011--008 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Scott + Terri Bates 20 N. Orange Ave. Suite 1607 Orlando, FL 32801 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	member Stewart + Nancy Colling 20 North Orange Ave ste 1607 Orlando FL 32801 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	member Ronald + Toni Gilbert 20 N. orange Ave Suite 1607 Orlando, FL 3280 1 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chris + Christinia Ryckman 20 N. Orange Ave Suite 1607 Orlando FL 32801 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E063 (10/02)

11. 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.

SIGNATURE: CL Ryckman 9-3-03 (407) 843-4433

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