

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000030292

1. Entity Name

THE MORGAN GROUP, L.L.C.



Principal Place of Business

6262 STURBRIDGE CT
SARASOTA, FL 34238

Mailing Address

6262 STURBRIDGE CT
SARASOTA, FL 34238

DO NOT WRITE IN THIS SPACE



04252006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
03-0497417

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAUNOOKE, GEOFFREY M
6262 STURBRIDGE CT
SARASOTA, FL 34238

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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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SAUNOOKE, GEOFFREY M
STREET ADDRESS	6262 STURBRIDGE CT
CITY-STATE-ZIP	SARASOTA, FL 34238
TITLE	MGRM
NAME	SAUNOOKE, MORGAN L
STREET ADDRESS	6262 STURBRIDGE CT
CITY-STATE-ZIP	SARASOTA, FL 34238
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000547408
05/12/06-80025-004 50.00

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #