


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000004510</b> 1. Entity Name <b>MORSE MEDICAL INVESTMENTS I, LLC</b>	
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Principal Place of Business <b>9500 TAVISTOCK ROAD ORLANDO, FL 32827</b>	Mailing Address <b>9500 TAVISTOCK ROAD ORLANDO, FL 32827</b>
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**DO NOT WRITE IN THIS SPACE**



04292005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>90-0150996</b>	Applied For (Not Applicable)
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CORPORATION COMPANY OF ORLANDO 300 S ORANGE AVE STE 1000 ORLANDO, FL 32801</b>
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**DO NOT WRITE  
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 \_\_\_\_\_

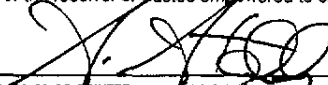
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP SCOTT, STAHLEY R 9500 TAVISTOCK RD ORLANDO, FL 32827
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05/04/05-80152-001 400.00

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:**  **Scott R. Stahley** **4/29/05** **407-467-6696**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #