

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90425 019 \*\*\*\*50.00

<b>DOCUMENT # L03000007983</b>					
<b>1. Entity Name</b> MORRIS L. EADDY, PH.D., LLC					
<b>Principal Place of Business</b> 4030 COLLINGSWOOD ROAD PENSACOLA FL 32514			<b>Mailing Address</b> 4030 COLLINGSWOOD ROAD PENSACOLA FL 32514		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> SS# 265-946593	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  EADDY, MORRIS L 4030 COLLINGSWOOD ROAD PENSACOLA FL 32514		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS L. Eaddy, Ph.D., LLC 4030 COLLINGSWOOD ROAD PENSACOLA, Florida 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Morris L. Eaddy</i> (MORRIS L. EADDY)			Date: 03/18/04 Daytime Phone #: 850-476-6992		

*entity with everything reported under my social security number shown in Block 4*

MOORE CR2E083 (11/03)