#2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

DOCUMENT # L03000007983 1. Entity Name							Secretary of State 03-22-2004 90425 019 ****50.00			
MORRIS L. EADDY, PH.D., LLC										
Principal Place of Business Mailing Address										
4030 COLLIN PENSACOLA			4030 COLLINGSWOOD ROAD PENSACOLA FL 32514				entity with en under my seei	of soca	regortal	
2. Principal Pla	ace of Busin	ness	3. Mailing Address						BL	
Suite, Apt. #. etc.			Suite, Apt. #, etc.				MOORE CR2E083	<u> </u>	M	
City & State			City & State				4. FEI Number SS# 265-94-6593		plied For t Applicable	
Zip Country		Zip Country				\$5.00 Add Fee Required				
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
EADDY, MORRIS L						Name				
4030) COLLIN	NGSWOOD ROAD A FL 32514	*	دے چھی خستی بہد ۔ مے بندہ ہ		dress (i	P.O. Box Number is Not Acceptable)	نية دين		
					City		FL	Zip Code	e	
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 -	Sansahura hunord	or printed name of registered agent at	and little of engages his.	TG: Clanustara	Andri Sononbor	a care ricard	d when reinstelling) DATE			
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			Make Check Payat	le to Fl	FEE IS \$5 orida Depi ay 1, 2004		nt of State			
9.		MANAGING MEMBER	RS/MANAGERS	10.		S	ADDITIONS/CHANGES			
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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.										
CICNATURE: Man (1/8 (Mars L. EAddy) me put										