


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000008644</b> 1. Entity Name <b>MORSE OAKS, LLC</b>	
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Principal Place of Business <b>4501 BEVERLY AVENUE JACKSONVILLE, FL 32210</b>	Mailing Address <b>4501 BEVERLY AVENUE JACKSONVILLE, FL 32210</b>
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**DO NOT WRITE IN THIS SPACE**



04182005No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>57-1156392</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ATLEE, KENYON S 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210</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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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


9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM ATLEE, KENYON S 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210</b>
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04/29/05-80047-017 50.00

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IN THIS SPACE**

**SIGN  
HERE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE  \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE