

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000009483

1. Entity Name
MORGAN-RICHARDSON LLC



Principal Place of Business
**3111 OCEAN PARKWAY
APT 8D
BROOKLYN, NY 11235**

Mailing Address
**3111 OCEAN PARKWAY
APT 8D
BROOKLYN, NY 11235**



01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
74-3086776

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MULLEN, JOSEPH D
STE PH-C
2929 E COMMERCIAL BLVD
FORT LAUDERDALE, FL 33308**

**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 reappointing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SIKAR, MARK
3111 OCEAN PARKWAY APT 8D
BROOKLYN, NY 11235**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RAY, ISAAC
3700 BEDFORD AVE
BROOKLYN, NY 11229**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000412155
02/10/06-80035-009 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 609, Florida Statutes.

SIGNATURE:

Isaac Ray

1/23/06 917-640-4453

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

Date

Daytime Phone #