

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90064 031 ***138.75

DOCUMENT # L03000009483 1. Entity Name MORGAN-RICHARDSON LLC					
Principal Place of Business 2101 NORTH ANDREWS AVENUE SUITE 107 WILTON MANORS, FL 33111			Mailing Address 2101 N ANDREWS AVENUE SUITE 107 WILTON MANORS, FL 33311		
2. Principal Place of Business - No P.O. Box # 1400 E. Oakland Park Blvd		3. Mailing Address 1400 E Oakland Park Blvd			
Suite, Apt. #, etc. Suite 210		Suite, Apt. #, etc. Suite 210			
City & State Oakland Park, FL		City & State Oakland Park, FL			
Zip 33334		Country USA		Zip 33334	
Country USA		4. FEI Number 74-3086776			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent ROSEN, EVE WAGNER 2101 NORTH ANDREWS AVENUE SUITE 403 WILTON MANORS, FL 33311			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number, is Not Acceptable) 1400 E. Oakland Park Blvd. Suite 202 City Oakland Park FL Zip Code 33334		
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 reappointing) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICO DEVELOPMENT, INC. 2101 NORTH ANDREWS AVENUE SUITE 107 WILTON MANORS, FL 33311 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1400 E. Oakland Park Blvd - Suite 210 Oakland Park, FL 33334	
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	
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	
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	
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 608, Florida Statutes.					
SIGNATURE: <i>J M Beeson</i>			4/22/08 9545638953		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		



04082008 Chg-LLC CR2E083 (12/06)

4. FEI Number **74-3086776** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE