


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90038 038 \*\*\*\*50.00

<b>DOCUMENT # L03000020274</b>	
1. Entity Name <b>MORTON FAMILY INVESTMENTS, LLC</b>	

Principal Place of Business <b>15340 JOG ROAD, SUITE 200 DELRAY FL 33446</b>	Mailing Address <b>15340 JOG ROAD, SUITE 200 DELRAY FL 33446</b>
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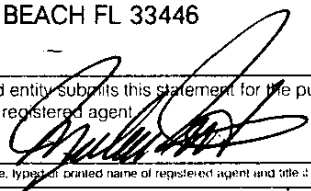


2. Principal Place of Business <b>5350 W Atlantic Ave</b> Suite, Apt. #, etc. <b>102</b>	3. Mailing Address <b>SAME AS #2</b> Suite, Apt. #, etc.
City & State <b>DeLray Beach FL</b>	City & State
Zip <b>33484</b> Country <b>USA</b>	Zip Country

1st MOORE CR2E083 (10/05)

4. FEI Number <b>76-0755522</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MORTON, MICHAEL 15340 JOG ROAD SUITE 200 DELRAY BEACH FL 33446</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5350 W Atlantic Ave #102</b> City <b>DeLray Beach</b> FL Zip Code <b>33484</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.

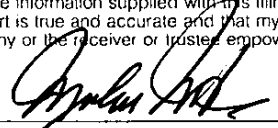
SIGNATURE  DATE **5-28-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MORTON, MICHAEL 15340 JOG ROAD SUITE 200 DELRAY BEACH FL 33446</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5350 W Atlantic Ave #102 DeLray Beach FL 33484</b> <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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Michael Morton** 7/11/06 561 865-9222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: Daytime Phone #