

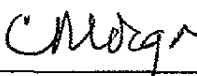


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 03, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000020510 1. Entity Name CAROL MORGAN, LLC																									
Principal Place of Business 550 S.E. MIZNER BLVD. SUITE # B306 BOCA RATON, FL 33432 US		Mailing Address 550 SE MIZNER BLVD B BOCA RATON, FL 33432 US																							
DO NOT WRITE IN THIS SPACE																									
																									
		07052007 No Chg-LLC CR2E083 (11/05)																							
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 20-0032162</td><td style="width: 20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table>		4. FEI Number 20-0032162	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																			
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent MORGAN, CAROL SUE 550 S.E. MIZNER BLVD. SUITE # B306 BOCA RATON, FL 33432		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>																									
Filing Fee is \$50.00 Due by September 14, 2007		U00000771379 08/03/07-80004-015 50.00																							
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td style="width: 85%;">MGRM</td></tr><tr><td>NAME</td><td>MORGAN, CAROL S</td></tr><tr><td>STREET ADDRESS</td><td>550 SE MIZNER BLVD B306</td></tr><tr><td>CITY-ST-ZIP</td><td>BOCA RATON, FL 33432</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>		TITLE	MGRM	NAME	MORGAN, CAROL S	STREET ADDRESS	550 SE MIZNER BLVD B306	CITY-ST-ZIP	BOCA RATON, FL 33432															DO NOT WRITE IN THIS SPACE	
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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: 		7/6/07 561-306-3131																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #																							