

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000020627

1. Entity Name
EA MORGANTOWN, LLC



Principal Place of Business
1555 PALM BEACH LAKES BOULEVARD
SUITE 1100
WEST PALM BEACH, FL 33401 US

Mailing Address
C/O FLORIDA MANAGEMENT COMPANY
P.O. BOX 3267
WEST PALM BEACH, FL 33402



02202008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1199454	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ECCLESTONE, E. LLWYD
1555 PALM BEACH LAKES BLVD., SUITE 1100
WEST PALM BEACH, FL 33401

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MORGANTOWN OPERATING, LLC
STREET ADDRESS	1555 PALM BEACH LAKES BLVD., SUITE 1100
CITY- ST -ZIP	WEST PALM BEACH, FL 33401

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	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST -ZIP	

000000840907
03/07/08#80013-005 143.75
**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 608, Florida Statutes.

SIGNATURE: Nannette Gammon **NANNETTE GAMMON** 2/26/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #