2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000028033

1. Entity Name

MORRISON REAL ESTATE INVESTMENTS, LLC

FILED Apr 13, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

212 CENTRE STREET FERNANDINA BEACH, FL 32034 P.O.BOX 1098

FERNANDINA BEACH, FL 32035



DO	NOT	WRITE	IN THIS	SPACE
		**!		

01292007 No Chg-LLC CR2I

CR2E083 (11/05)

4. FEI Number 20-0121852 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON, THOMAS E JR 212 CENTRE ST FERNANDINA BEACH, FL 32034

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this staten	nent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accep
the obligations of registered agent.	·
	•

SIGNATURE.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

U00000706401 04/24/07-80034-005 50.00

¥.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MORRISON, THOMAS E JR
STREET ADDRESS	P.O. BOX 1098
CITY-ST-ZIP	FERNDINA BEACH, FL 32035
TITLE	MGRM
NAME	MORRISON, LISA M
STREET ADDRESS	P.O. BOX 1098
CITY-ST-ZIP	FERNANDINA BEACH, FL 32035
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	

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 ilability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS

Thomas morreson

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

Date

Daytime Phone #