## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 19, 2004 8:00 am DOCUMENT # L03000028914 Secretary of State 1. Entity Name 03-19-2004 90273 016 \*\*\*\*50.00 ROBERT MORRIS PROPERTIES, LLC Principal Place of Business Mailing Address 1840 PHILLIPPI SHORES DR. P.O. BOX 20708 24025367 SARASOTA FL 34276 SARASOTA FL 34231 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E083 (11/03) Applied For 4. FEI Number City & State City & State Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SEIDER, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVE. SARASOTA FL 34236 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Change ☐ Addition TITLE Delete Robert A. Morris III . NAME NAME 1840 Phillippi Stones Drive STREET ADDRESS STREET ADDRESS Sarasata FL 34231 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE ППЕ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

FILED