


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90183 037 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L03000045088</b><br>1. Entity Name<br>1133 W. MORSE BOULEVARD, L.L.C. |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>1133 W. MORSE BOULEVARD<br>SUITE 100<br>WINTER PARK, FL 32789 | Mailing Address<br>1133 W. MORSE BOULEVARD<br>SUITE 100<br>WINTER PARK, FL 32789 |
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**DO NOT WRITE IN THIS SPACE**

01242007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-1199545-56-245509 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POOLE, IV, WILLIAM F ESQ  
195 WEKIVA SPRINGS ROAD STE 204  
LONGWOOD, FL 32779

**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 \_\_\_\_\_

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

| 9. MANAGING MEMBERS/MANAGERS                       |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>GRAHAM, MURRAY M III<br>1133 W. MORSE BOULEVARD<br>WINTER PARK, FL 32789 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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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: Margaret J. Pope 2-6-07 407-639-6100

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