2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# L03000045990

Entity Name: EDWARD MORTON, LLC

Current Principal Place of Business:

736 MERRY ROBIN RD
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

736 MERRY ROBIN RD
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 27-0069535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORTON, EDWARD
736 MERRY ROBIN RD
TALLAHASSEE, FL 32310 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MORTON, EDWARD C
Address: 736 MERRY ROBIN RD
City-St-Zip: TALLAHASSEE, FL 32310

Title: MGRM ( ) Delete
Name: MORTON, CHARLES E
Address: 736 MERRY ROBIN RD
City-St-Zip: TALLAHASSEE, FL 32310

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MORTON, EDWARD C
Address: 736 MERRY ROBIN RD
City-St-Zip: TALLAHASSEE, FL 32310

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: SHEFFIELD III, HORACE B
Address: 736 MERRY ROBIN RD
City-St-Zip: TALLAHASSEE, FL 32310

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDWARD C. MORTON MGR 04/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date