2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000047236

FILED Apr 05, 2005 8:00 am Secretary of State 04-05-2005 90008 050 ****50.00

1. Entity Nam MORRILL	L VENTURES, L.L.C.									
Principal Place of Business 1432 FIRST ST. SARASOTA, FL 34236		Mailing Address 1432 FIRST ST. SARASOTA, FL 34236		20026651						
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01152005	Chg-LLC	CR2E083	3 (10/03)		
City & State		City & State			4. FEI Numb 54-213			 	oplied For ot Applicable	
Zip	Country	Zip	Country			of Status Desired		5.00 Add se Require		
	6. Name and Address of Current i	Registered Agent	Name			Address of New R		ent		
DRAKE, J. KEVIN ESO DOOLEY & DRAKE				Street Address (P.O. Box Number is Not Acceptable)						
1432 FIRS		Street	Address (F	P.O. Box Numb	er is Not Acceptable	e) 				
			City				FL	Zip Cod		
8. The above named deby 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. 17/05										
SIGNATURE	Signalur, thed or printed frame of agreefed agent a	and title if applicable. (NOTE:	: Registered Agent sign	nature required	when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2005							e check pay Departmen		е	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE NAME STREET ADDRESS	MGRM DRAKE, J. KEVIN 1432 FIRST STREET	☐ Delete	TITLE NAME STREET ADDRESS	s				_) Change	☐ Addition	
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUTKOWSKI, DEVIN 324 JULIA PLACE SARASOTA, FL 34236	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S			L	_] Change	Addition !	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S				Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZEP	s				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mastery Course was	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s.	step in t	N. KATIÇA LIYASI	- · [Change	Addition	
11. I hereby certify that the information supplied with this filling 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 control 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 feeting by trusted empowered to execute this report as required by Chapter 608, Florida Statutes. 1. Thereby certify that the information supplied with this filling 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 captured by the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the feeting that the information indicated on this report is true and captured by the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the feeting that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and captured by the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the feeting that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certification indicated in Section 119.07(3)(i), Florida Statutes. I further certification indicated in Section 119.07(3)(i), Florida Statutes. I further certification indicated in Section 119.07(3)(i), Florida Statutes. I further certification indicated in Section 119.07(3)(i), Florida Statutes. I further certification indicated in Section 119.07(3)(i), Florida Statutes. I further certification indicated in Section 119.07(3)(i), Florida Statutes. I further certification indicated in Section 119.07(3)(i										
SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayloring Prome #										