## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT DOCUMENT # L03000047236** 1. Entity Name MORRILL VENTURES, L.L.C. Principal Place of Business Mailing Address 1432 FIRST ST. 1432 FIRST ST. SARASOTA, FL 34236 SARASOTA, FL 3 DO NOT WRITE IN THIS 6. Name and Address of Current Registered Agent

## **FILED** Mar 12, 2008 08:00 A Secretary of State

			1000		
Principal Place of Business         Mailing Address           1432 FIRST ST.         1432 FIRST ST.           SARASOTA, FL 34236         SARASOTA, FL 34236		<u> </u>			
DO NOT WRITE IN THIS SPAC			4. I El Nambol		CR2E083 (12/07)  Applied For Not Applicable  \$5.00 Additional
	6. Name and Address of Current Re	gistered Agent	4		
DRAKE, J. KEVIN ESQ DOOLEY & DRAKE, P.A. 1432 FIRST ST SARASOTA, FL 34236			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the ions of registered agent.  Signature, typed or printed name of registered agent and		ed office or registe:		orida. I am familiar with, and accept
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			000000 03/27/08-	0854686 -80017-020 138.75
9.	MANAGING MEMBERS	/MANAGERS	]	· · · · · · · · · · · · · · · · · · ·	
TITLE	MGRM				<b>\</b>
NAME	DRAKE, J. KEVIN				
STREET ADDRESS CITY-ST-ZIP	1432 FIRST STREET SARASOTA, FL 34236				
TITLE	MGRM		1		
NAME	RUTKOWSKI, DEVIN		i		
STREET ADDRESS	324 JULIA PLACE				•
CITY-ST-ZIP	SARASOTA, FL 34236		<u> </u>		1
TITLE			<b>[</b>		
NAME			ŧ		
STREET ADDRESS CITY-ST-ZIP				DO NOT W	/RITE
			-		
TITLE				IN THIS SE	<b>イ</b> 人しヒ

## MANAGING MEMBERS/MANAGERS 9. MGRM TITLE DRAKE, J. KEVIN NAME STREET ADDRESS 1432 FIRST STREET CITY-ST-ZIP SARASOTA, FL 34236 TITLE MGRM RUTKOWSKI, DEVIN NAME STREET ADDRESS 324 JULIA PLACE SARASOTA, FL. 34236 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not quality 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 eath; that I am a managing member or manager of the limited liability company or the report of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE