
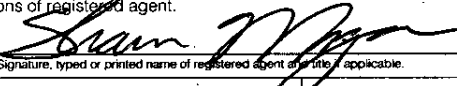
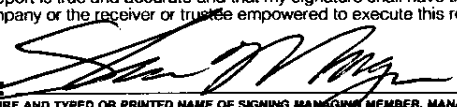


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90129 001 ****55.00

DOCUMENT # L03000050905					
1. Entity Name MORGAN'S INSULATION, LLC					
Principal Place of Business 18707 104TH ST LIVE OAK, FL 32060 US			Mailing Address 18707 104TH ST LIVE OAK, FL 32060 US		
2. Principal Place of Business 18707 104TH ST.		3. Mailing Address 14571 104TH ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Live Oak, FL.		City & State Live Oak, FL.		4. FEI Number 331079304	
Zip 32060		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MORGAN, SHAWN 18707 104TH ST LIVE OAK, FL 32060			7. Name and Address of New Registered Agent Name: Shawn Morgan Street Address (P.O. Box Number is Not Acceptable) 14571 104TH ST. City: Live Oak FL Zip Code: 32060		
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:  DATE: _____ <small>Signature, typed or printed name of registered agent as title applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: MGRM <input type="checkbox"/> Delete NAME: MORGAN, SHAWN STREET ADDRESS: 18707 104TH ST CITY-ST-ZIP: LIVE OAK, FL 32060			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	