


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90213 035 ****55.00

DOCUMENT # L03000051538	
1. Entity Name MORR LOVE COURIER SERVICE, LLC	

Principal Place of Business 6400 N. DAVIS HIGHWAY, SUITE 3 PENSACOLA FL 32504	Mailing Address 6400 N. DAVIS HIGHWAY, SUITE 3 PENSACOLA FL 32504
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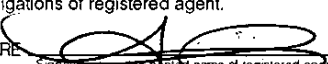


2. Principal Place of Business 6131 Bradshaw St. Pensacola, Fla.	3. Mailing Address none
Suite, Apt. #, etc. Pensacola, Fla.	Suite, Apt. #, etc.
City & State	City & State
Zip 32504	Country
Zip	Country

1st MOORE CR2E083 (10/04)

4. FEI Number 20-0559337	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, ANNA 6400 N. DAVIS HIGHWAY, SUITE 3 PENSACOLA FL 32504	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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.

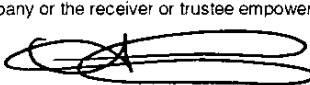
SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE **3/23/2005**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, ANNA	NAME	
STREET ADDRESS	6131 BRADSHAW STREET	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32526	CITY-ST-ZIP	
TITLE	MGRM <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, JAMES M	NAME	
STREET ADDRESS	6400 N. DAVIS HIGHWAY, SUITE 3	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32526	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **3/23/05 (800) 511-8235**

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