2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Mar 13, 2008 8:00 am
Secretary of State
02-12-2008 90065 041 ***143.75

DOCUMENT # L04000003401

1. Entity Name
CHARLES E. MORSE, LLC

Principal Place of Business	Mailing Address
2479 HIGHWAY 73 MARIANNA FL 32448	2479 HIGHWAY 73 MARIANNA FL 32448

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2479 HIGHWAY 73 SOUTH	SAME
Suite, Apt. #, etc. JACKSON COUNTY	Suite, Apt. #, etc. SAME
City & State MARIANNA FLA.	City & State SAME
Zip 32448 Country JACKSON	Zip SAME Country SAME

4. FEI Number 59-3778451 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORSE, CHARLES E III 2479 HIGHWAY 73 MARIANNA FL 32448	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 Charles E Morse III MANAGER
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MORSE, CHARLES E III 2479 HIGHWAY 73 MARIANNA FL 32448 SAME	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2479 HIGHWAY 73 MARIANNA FL 32448	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CALVIN BENJAMIN MORSE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CASCADE LANE MARIANNA FL 32448	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHARLES LARRY MORSE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CASCADE LANE 32448 MARIANNA FLA	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #