


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90037 035 \*\*\*\*50.00

<b>DOCUMENT # L04000019513</b>	
1. Entity Name <b>SCOTT MORGAN L.C.</b>	

Principal Place of Business <b>99 NESBIT ST PUNTA GORDA, FL 33950</b>	Mailing Address <b>%JACK O HACKETT II ESQ-FARR FARR EMERICH 99 NESBIT STREET PUNTA GORDA, FL 33950</b>
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**20043616**



2. Principal Place of Business <b>P.O. BOX 1617</b>	3. Mailing Address  Suite, Apt. #, etc.
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03222006 Chg-LLC CR2E083 (11/05)

City & State <b>ENGLEWOOD, FL</b>	City & State  
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4. FEI Number <b>APPLIED FOR 20-4072032</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>34295</b>	Country <b>US</b>	Zip  	Country  
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HACKETT, JACK O II, ESQ FARR, FARR, EMERICH, ET AL 99 NESBIT ST PUNTA GORDA, FL 33950</b>	
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM BROWNE, JEFFRY S PO BOX 1617 ENGLEWOOD, FL 34295</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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.

<b>SIGNATURE:</b> 	<b>3/28/06</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>JEFFRY S. BROWNE, MANAGER</b>	