


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90309 031 ****50.00

DOCUMENT # L04000041214	
1. Entity Name MORGAN TYLER, LLC	

Principal Place of Business 4908 OAK ISLAND ROAD ORLANDO, FL 32809	Mailing Address 4908 OAK ISLAND ROAD ORLANDO, FL 32809
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2. Principal Place of Business - No P.O. Box # 6545 Cay Circle	3. Mailing Address 6545 Cay Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

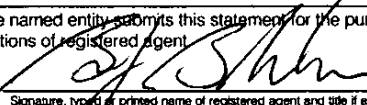
City & State Belle Isle, FL	City & State Belle Isle, FL
Zip 32809	Zip 32809
Country USA	Country USA



04242007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent MADISOIN, PETER D 4908 OAK ISLAND ROAD ORLANDO, FL 32809		7. Name and Address of New Registered Agent Name Beverly Madison Street Address (P.O. Box Number is Not Acceptable) 6545 Cay Circle City Belle Isle FL Zip Code 32809	
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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.

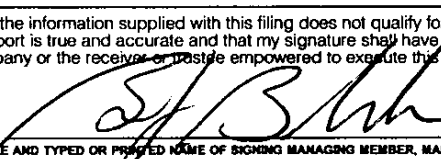
SIGNATURE  **Beverly Madison** DATE **4/24/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADISON, PETER D 4908 OAK ISLAND ROAD ORLANDO, FL 32809 <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	MGRM MADISON, BEVERLY 6545 CAY CIRCLE BELLE ISLE, FL 32809 <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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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.

SIGNATURE:  **Beverly Madison** DATE **4/24/07** DAYTIME PHONE # **407-851-5507**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE