


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000051320**  
 1. Entity Name  
**MORRIS USA AND OVERSEAS LLC**



Principal Place of Business      Mailing Address  
**400 AVENUE B**      **400 AVENUE B**  
**MELBOURNE BEACH FL 32951**      **MELBOURNE BEACH FL 32951**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

1st MOORE      CR2E083 (10/05)

4. FEI Number      Applied For  
**51-0517209**      Not Applicable  
 5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**LANE, GARY**  
**400 AVENUE B**  
**MELBOURNE BEACH FL 32951**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>LANE, ROBERT</b> <b>400 AVENUE B</b> <b>MELBOURNE BEACH FL 32951</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>100000472604</b> <b>03/23/06-80043-005 200.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>LANE, GARY</b> <b>400 AVENUE B</b> <b>MELBOURNE BEACH FL 32951</b> <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 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: G. Gary Lane, Manager      3-16-06      321-725-4866