

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

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



FILED

2012 APR 24 AM 11:49

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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 51-0517209 Applied For 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reselecting) DATE \_\_\_\_\_

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

| 9. MANAGING MEMBERS/MANAGERS   |  |
|--|--|
| TITLE<br>MGRM<br>NAME<br>LANE, ROBERT<br>STREET ADDRESS<br>400 AVENUE B<br>CITY - ST - ZIP<br>MELBOURNE BEACH FL 32951 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>MGR<br>NAME<br>LANE, GARY<br>STREET ADDRESS<br>400 AVENUE B<br>CITY - ST - ZIP<br>MELBOURNE BEACH FL 32951    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete            |

| 10. ADDITIONS/CHANGES   |  |
|---|--|
| TITLE<br>MGRM<br>NAME<br>LANE, GARY<br>STREET ADDRESS<br>400 Avenue B<br>CITY - ST - ZIP<br>Melbourne Beach, FL 32951 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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 MGRM, 4-19-2012 321-725-4864  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE