

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000066700

**FILED**  
**Jan 30, 2008**  
**Secretary of State**

**Entity Name:** JONATHON MORGAN CONSULTING, LLC

**Current Principal Place of Business:**

7109 CONDOR CT  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

3333 LAKE PADGETT DR  
LAND O LAKES, FL 34639

**Current Mailing Address:**

7109 CONDOR CT  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

3333 LAKE PADGETT DR  
LAND O LAKES, FL 34639

**FEI Number:** 20-1625333

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DRUMMOND-MONTSDEOCA, BETH A  
7109 CONDOR CT  
NEW PORT RICHEY, FL 34655 US

**Name and Address of New Registered Agent:**

DRUMMOND-MONTSDEOCA, BETH A  
3333 LAKE PADGETT DR  
LAND O LAKES, FL 34639 US

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.

**SIGNATURE:**

01/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** DRUMMOND-MONTSDEOCA, BETH A  
**Address:** 7109 CONDOR CT  
**City-St-Zip:** NEW PORT RICHEY, FL 34655

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** DRUMMOND-MONTSDEOCA, BETH A  
**Address:** 3333 LAKE PADGETT DR  
**City-St-Zip:** LAND O LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** BETH A. DRUMMOND-MONTS DE OCA

MGRM

01/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date