

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067659

FILED
Apr 30, 2006
Secretary of State

Entity Name: JOHN MORGAN SERVICES L.L.C.

Current Principal Place of Business:

176 CYPRESS WAY E UNIT B
NAPLES, FL 341101245

New Principal Place of Business:

Current Mailing Address:

176 CYPRESS WAY E UNIT B
NAPLES, FL 341101245

New Mailing Address:

FEI Number: 26-4063389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, JOHN
176 CYPRESS WAY E UNIT B
NAPLES, FL 341101245 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MORGAN, JOHN
Address: 176 CYPRESS WAY E UNIT B
City-St-Zip: NAPLES, FL 341101245

Title: MGRM () Delete
Name: MORGAN, BARBARA
Address: 176 CYPRESS WAY E UNIT B
City-St-Zip: NAPLES, FL 341101245

Title: MGRM () Delete
Name: MORGAN, CHAD
Address: 176 CYPRESS WAY E UNIT B
City-St-Zip: NAPLES, FL 341101245

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN MORGAN

MGR

04/30/2006

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