

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

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**



**DOCUMENT # L04000090391**

1. Entity Name: **NETT & MORGAN, P. L.**

2. Principal Place of Business: **234 EAST DUVAL STREET LAKE CITY FL 32055**

3. Mailing Address: **234 EAST DUVAL STREET LAKE CITY FL 32055**

4. FEI Number: **20-2019272** Applied For Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent: **MORGAN, TERESA B 234 EAST DUVAL STREET LAKE CITY FL 32055**

7. Name and Address of New Registered Agent: \_\_\_\_\_

8. I, 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 obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (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                        | MGRM <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | MORGAN, TERESA B                     | NAME                  |   |
| STREET ADDRESS               | 234 EAST DUVAL STREET                | STREET ADDRESS        |   |
| CITY-STATE-ZIP               | LAKE CITY FL 32055                   | CITY-STATE-ZIP        |   |
| TITLE                        | <input type="checkbox"/> Delete      | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                                      | NAME                  |   |
| STREET ADDRESS               |                                      | STREET ADDRESS        |   |
| CITY-STATE-ZIP               |                                      | CITY-STATE-ZIP        |   |
| TITLE                        | <input type="checkbox"/> Delete      | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                                      | NAME                  |   |
| STREET ADDRESS               |                                      | STREET ADDRESS        |   |
| CITY-STATE-ZIP               |                                      | CITY-STATE-ZIP        |   |
| TITLE                        | <input type="checkbox"/> Delete      | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                                      | NAME                  |   |
| STREET ADDRESS               |                                      | STREET ADDRESS        |   |
| CITY-STATE-ZIP               |                                      | CITY-STATE-ZIP        |   |

U00000398024  Change  Addition  
 01/30/06-80077-021 50.00

11. I, above named entity certifies 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 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: *Teresa B Morgan* 1/17/06 386/755-1977