

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 20, 2005 8:00 am
Secretary of State

04-18-2005 90077 018 ****50.00

DOCUMENT # L04000093631 1. Entity Name PAUL MORGAN ENTERPRISES, LLC																													
Principal Place of Business 8720 MYSTIC CIRCLE NORTH PORT, FL 34287			Mailing Address 8720 MYSTIC CIRCLE NORTH PORT, FL 34287																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
B. Name and Address of Current Registered Agent MORGAN, PAUL W 8720 MYSTIC CIRCLE NORTH PORT, FL 34287			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 re-registering) DATE _____																													
Filing Fee is \$30.00 Due by May 4, 2005				Make check payable to Florida Department of State																									
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"> President Paul Morgan 8720 Mystic Circle North Port, FL 34287 </td> <td style="width: 20%; padding: 2px; text-align: right;"> ☐ Delete </td> </tr> <tr><td style="padding: 2px;">NAME</td><td></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td><td></td></tr> <tr><td style="padding: 2px;">CITY - ST - ZIP</td><td></td><td></td></tr> </table>			TITLE	President Paul Morgan 8720 Mystic Circle North Port, FL 34287	☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; padding: 2px; text-align: right;"> ☐ Change ☐ Addition </td> </tr> <tr><td style="padding: 2px;">NAME</td><td></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td><td></td></tr> <tr><td style="padding: 2px;">CITY - ST - ZIP</td><td></td><td></td></tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #