### . .

## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000003628

1. Entity Name

MORGAN, HIRES & BOYNTON, L.L.C.



Principal Place of Business

1099 WEST MORSE BOULEVARD WINTER PARK, FL 32789 Mailing Address

1099 WEST MORSE BOULEVARD WINTER PARK, FL 32789

# FILED Apr 17, 2008 08:00 Al Secretary of State



02122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	[ ]Ã	Applied For
05-0615465	١	vot Applicable
	\$E.00 .	

Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

MORGAN, PAUL J 1099 WEST MORSE BOULEVARD WINTER PARK, FL 32789

# DO NOT WRITE IN THIS SPACE

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 accep
	the obligations of registered agent.	

(NOTE, Registered Agent signature required when reinstating)

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000903691 04/30/08-80056-009 150.00

9.	9. MANAGING MEMBERS/MANAGERS	
THILE NAME STREET ADDRESS CITY-ST-ZIP	M MORGAN, PAUL J 1099 W MORSE BLVD WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HIRES, ERIC V 1099 W MORSE BLVD WINTER PARK, FK 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BOYNTON, GARY J 1099 WEST MORSE BOULEVARD WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 embowered to execute this report as required by Chapter 608, Fiorida Statutes.

SIGNATURE:

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

2-25-af

Daytime Phone #