

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003752

Entity Name: TAMMY MORRIS, LLC

FILED
Jan 07, 2006
Secretary of State

Current Principal Place of Business:

1504 COUNTY RD. 547 N
DAVENPORT, FL 33837 US

New Principal Place of Business:

640 NICHOLSON DRIVE
DAVENPORT, FL 33837 US

Current Mailing Address:

740 PETES LANE
DAVENPORT, FL 33837 US

New Mailing Address:

233 GRAND RESERVE DRIVE
DAVENPORT, FL 33837 US

FEI Number: 20-2151545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORRIS, TAMMY
1504 COUNTY RD. 547 N
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

MORRIS, TAMMY
640 NICHOLSON DRIVE
DAVENPORT, FL 33837 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:

01/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORRIS, TAMMY
Address: 1504 COUNTY RD. 547 N
City-St-Zip: DAVENPORT, FL 33837 US

Title: MGRM () Delete
Name: MORRIS, TERRY L
Address: 1504 COUNTY RD. 547 N
City-St-Zip: DAVENPORT, FL 33837 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MORRIS, TAMMY
Address: 640 NICHOLSON DRIVE
City-St-Zip: DAVENPORT, FL 33837 US

Title: MGRM (X) Change () Addition
Name: MORRIS, TERRY L
Address: 640 NICHOLSON DRIVE
City-St-Zip: DAVENPORT, FL 33837 US

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: TAMMY MORRIS

MGRM

01/07/2006

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