

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011500

FILED
Jul 17, 2008
Secretary of State

Entity Name: MORGAN INVESTMENTS & DEVELOPMENT, LLC

Current Principal Place of Business:

504 NORTH HARBOR CITY BOULEVARD
MELBOURNE, FL 32935 US

New Principal Place of Business:

3303 CALLE DEL MAR
MELBOURNE, FL 32904 US

Current Mailing Address:

504 NORTH HARBOR CITY BOULEVARD
MELBOURNE, FL 32935 US

New Mailing Address:

3303 CALLE DEL MAR
MELBOURNE, FL 32904 US

FEI Number: 20-2287125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MORGAN, STEVEN J
504 NORTH HARBOR CITY BOULEVARD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

MORGAN, STEVEN J
3303 CALLE DEL MAR
MELBOURNE, FL 32904 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: STEVEN J. MORGAN

07/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORGAN, STEVEN J
Address: 504 NORTH HARBOR CITY BOULEVARD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MORGAN, STEVEN J
Address: 3303 CALLE DEL MAR
City-St-Zip: MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN J. MORGAN

MGRM

07/17/2008

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