## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

**FILED** Apr 16, 2007 08:00 AM Secretary of State

## DOCUMENT # L05000019277

1. Entity Name MORELL VENTURES, LLC



Principal Place of Business

20201 E. COUNTRY CLUB DRIVE

**SUITE 1105** AVENTURA, FL 33180 Mailing Address

20201 E. COUNTRY CLUB DRIVE **SUITE 1105** AVENTURA, FL 33180

CR2E083 (11/05)

4. FEI Number 20-2465398

5. Certificate of Status Desired

04112007 No Chg-LLC

\$5.00 Additional Fee Required

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KOPEL, ISRAEL 20201 E. COUNTRY CLUB DRIVE **SUITE 1105** 

AVENTURA, FL 33180

## 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 accept the obligations of registered agent.			
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)  OATE	
Fi	lling Fee is \$50.00 ue by May 1, 2007	(NOTE: neglistical regions a signatural adjunctive and interestuality)	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOPEL, ISRAEL 20201 E. COUNTRY CLUB DRIVE AVENTURA, FL 33180		
TITLE RAME STREET ADDRESS CITY-ST-ZIP			į
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	Ē
NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	<u>.</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000711 04/26/07-80	1893 )25-012 50.00
TITLE NAME STREET ADDRESS			. ••

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

05-775-7206