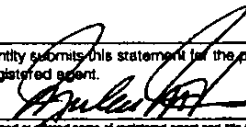


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

05-10-2007 90420 050 ****50.00

DOCUMENT # L05000036082					
1. Entity Name MORTON GROUP HOLDINGS LLC					
Principal Place of Business 3350 W ATLANTIC AVE STE 102 DELRAY BEACH, FL 33484			Mailing Address 3350 W ATLANTIC AVE STE 102 DELRAY BEACH, FL 33484		
2. Principal Place of Business - No P.O. Box # 5350 W Atlantic Ave			3. Mailing Address 5350 W Atlantic Ave		
Suite, Apt. #, etc. STE 102			Suite, Apt. #, etc. STE 102		
City & State Delray Beach FL			City & State Delray Beach FL		
Zip 33484		Country USA	Zip 33484		Country USA
4. FEI Number 03-0559178			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MORTON, MICHAEL 5350 W ATLANTIC AVE 102 DELRAY BEACH, FL 33484			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  DATE 4/20/07					
Filing Fee is \$50.00 Due by May 1, 2007					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRESIDENT MORTON, MICHAEL 5350 W ATLANTIC AVE 102 DELRAY BEACH, FL 33484 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT MORTON, MICHAEL 5350 W ATLANTIC AVE DELRAY BEACH FL 33484 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing 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 606, Florida Statutes.					
SIGNATURE:  DATE 4/20/07 561 865-9222					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					