

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000042987 1. Entity Name CAP'N MORGAN'S GUIDE SERVICE & TRACTOR WORK L.L.C.	
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Principal Place of Business 4795 OLD BLUERIDGE RD. EDGEWATER, FL 32141	Mailing Address 4795 OLD BLUERIDGE RD. EDGEWATER, FL 32141
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DO NOT WRITE IN THIS SPACE



02152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 84-1680095	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MORGAN, LYNN T II 4795 OLD BLUERIDGE RD. EDGEWATER, FL 32141

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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: *Lynn T. Morgan II* DATE: 4-24-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORGAN, LYNN T II 4795 OLD BLUERIDGE RD. EDGEWATER, FL 32141
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05/10/07-80004-015 50.00

**DO NOT WRITE
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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 608, Florida Statutes.

SIGNATURE: *Lynn T. Morgan II* DATE: 4-24-07 386)689-3353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #