

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050934

FILED
Apr 22, 2009
Secretary of State

Entity Name: MORRIS INVESTMENT GROUP, LLC

Current Principal Place of Business:

12737 MONTEVISTA ROAD
CLERMONT, FL 34711

New Principal Place of Business:

1218 WEST BROAD STREET
GROVELAND, FL 34736

Current Mailing Address:

12737 MONTEVISTA ROAD
CLERMONT, FL 34711

New Mailing Address:

12613 SEATTLE SLEW
2603
HOUSTON, TX 77065

FEI Number: 20-2889976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOEHNE, KENDALL
12737 MONTEVISTA ROAD
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

KOEHNE, KENDALL
1218 WEST BROAD STREET
GROVELAND, FL 34736 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:

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOEHNE, KENDALL
Address: 12737 MONTEVISTA ROAD
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete
Name: MULLANY, ALISON
Address: 6200 CALVIN LEE ROAD
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KOEHNE, KENDALL
Address: 12613 SEATTLE SLEW, #2603
City-St-Zip: HOUSTON, TX 77065

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KENDALL G. KOEHNE

MGRM

04/22/2009

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