2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 02, 2006 8:00 am Secretary of State **DOCUMENT # L05000099036** 1. Entity Name 02-09-2006 90151 028 ***150.00 MORROW & ASSOCIATES, LLC Principal Place of Business. Mailing Address 716 BERRY LANE PONTE VERDA BEACH FL 32082 P.O. BOX 3674 PONTE VERDA BEACH FL 32000-4 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State 4. FEI Number City & State Not Applicable Country Zip Country Zio \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAINER, FRANK P. 411 EAST COLLEGE AVENUE TALLAHASSEE FL FL Street Address (P.O. Box Number is Not Acceptable) City 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 (NOTE: Registered Agent signature required which reinstating) Soneture, typika or printed herbe of regresered abent and tide if applicable, FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. ☐ Detete 7111 6 ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BEACH +1. 32004 CITY-ST-ZIP Titis ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE DDE **Delete** ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP nne ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IIILE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 flability company or the receiver or trustage empowered to execute this report as required by Chapter 608, Florida Statutes. 904-280-0504 1-30-06 SIGNATURE:

GING MENSER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2006

MORROW & ASSOCIATES, LLC P.O. BOX 3674 PONTE VERDA BEACH, FL 32000-4

Subject: MORROW & ASSOCIATES, LLC

Reference Number:

1 L05000099036

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION