2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2007
Secretary of State

DOCUMENT# L05000114354

Entity Name: MORGAN GROUP SAN PABLO, L.L.C.

Current Principal Place of Business:

C/O THE MORGAN GROUP, INC.
480 N. ORLANDO AVE. C-220
WINTER PARK, FL 32789

New Principal Place of Business:

C/O THE MORGAN GROUP, INC.
480 N. ORLANDO AVENUE, SUITE C-222
WINTER PARK, FL 32789

Current Mailing Address:

C/O THE MORGAN GROUP, INC.
480 N. ORLANDO AVE. C-220
WINTER PARK, FL 32789

New Mailing Address:

C/O THE MORGAN GROUP, INC.
480 N. ORLANDO AVENUE, SUITE C-222
WINTER PARK, FL 32789

FEI Number: 20-4130608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WOOD, JON C
C/O THE MORGAN GROUP, INC.
480 N. ORLANDO AVENUE, SUITE C221
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

WOOD, JON C
C/O THE MORGAN GROUP, INC.
480 N. ORLANDO AVENUE, SUITE C-222
WINTER PARK, FL 32789 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: 02/21/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: THE MORGAN GROUP, IN, C.
Address: 5606 SOUTH RICE AVENUE
City-St-Zip: HOUSTON, TX 77081

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: STANLEY D. LEVY COO 02/21/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date