

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90145 012 ***138.75

DOCUMENT # L05000120628

1. Entity Name

MORRIS COURT DEVELOPMENT, LLC



Principal Place of Business

1022 PARK ST.
SUITE 305
JACKSONVILLE FL 32204

Mailing Address

1022 PARK ST.
SUITE 305
JACKSONVILLE FL 32204



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-3962474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSHING, ROBERT K
~~3824 BETTES CIRCLE~~
JACKSONVILLE FL 32210
32204

Name

Street Address (P.O. Box Number is Not Acceptable)

1022 PARK ST, 305

City

Jacksonville

FL

Zip Code
32204

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

Signature of typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when registering)

DATE

3/7/08

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
RUSHING, ROBERT K
3824 BETTES CIRCLE
JACKSONVILLE FL 32210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ROBERT K RUSHING 3/7/08