

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90066 027 \*\*\*138.75

<b>DOCUMENT # L06000000911</b> 1. Entity Name MORRILL STREET DEVELOPERS, L.L.C.					
Principal Place of Business 1720 MORRILL STREET SARASOTA, FL 34236			Mailing Address 6652 MARQUESAS CIRCLE SARASOTA, FL 34236		
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	4. FEI Number 20-4068340	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  KIRTLEY, WILLIAM T 1776 RINGLING BOULEVARD SARASOTA, FL 34236				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 2042 Bee Ridge Rd City FL Zip Code 34239	
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 when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HICKERNELL, WARREN D JR		NAME		
STREET ADDRESS	6583 MIDNIGHT PASS RD.		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			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 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 606, Florida Statutes.					
SIGNATURE: <i>Warren Hickernell</i>			DATE: 4/25/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DAYTIME PHONE # 941-349-3131		