


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

50.00

DOCUMENT # L06000005050		
1. Entity Name MORTHAM MANAGEMENT & CONSULTING LLC		

Principal Place of Business 110 SOUTH MONROE STREET SUITE G TALLAHASSEE, FL 32302	Mailing Address 110 SOUTH MONROE STREET SUITE G TALLAHASSEE, FL 32302
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**FILED**  
07 MAR 13 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03132007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MORTHAM, ALLEN JR 110 SOUTH MONROE STREET SUITE G TALLAHASSEE, FL 32302		Name <u>Allen Mortham Jr</u> Street Address (P.O. Box Number is Not Acceptable) <u>6548 Weeping Willow Way</u> City <u>Tallahassee</u> FL Zip Code <u>32311</u>	
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>3/3/07</u>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORTHAM, ALLEN JR. 110 SOUTH MONROE STREET, SUITE G TALLAHASSEE, FL 32302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100092637311 03/14/07--01041--001 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.	
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <u>3/3/07</u> <small>Daytime Phone #</small>