

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025873

**FILED**  
**Apr 29, 2007**  
**Secretary of State**

**Entity Name:** MORSE AVENUE TOWNHOMES LLC

**Current Principal Place of Business:**

6170 ST ANDREWS CT  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

6170 ST ANDREWS CT  
PONTE VEDRA BEACH, FL 32082 US

**New Mailing Address:**

**FEI Number:** 65-1295781      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ERICKSON DEVELOPMENT INC.  
6170 ST ANDREWS CT  
PONTE VEDRA BEACH, FL 32082 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ERICKSON DEVELOPMENT, INC.  
Address: 6170 ST ANDREWS CT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: MGRM ( ) Delete  
Name: DEGEORGE ENTERPRISES, INC.  
Address: 4213 CR 218 WEST SUITE 5  
City-St-Zip: MIDDLEBURG, FL 32068 US

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: GEORGE E. ERICKSON, SR

MGRM

04/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date