

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030798

Entity Name: MORRIS ASSOCIATES, LLC

FILED
May 12, 2008
Secretary of State

Current Principal Place of Business:

234 SOUTH SEMORAN BLVD.
ORLANDO, FL 32807

New Principal Place of Business:

1213 PINE AVENUE
ORLANDO, FL 32824

Current Mailing Address:

234 SOUTH SEMORAN BLVD.
ORLANDO, FL 32807

New Mailing Address:

1213 PINE AVENUE
ORLANDO, FL 32824

FEI Number: 20-4550389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HABER, LAWRENCE
800 CELEBRATION AVENUE
CELEBRATION, FL 34747 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: VPS () Delete
Name: MORRIS, EDWARD E
Address: 278 CELEBRATION BLVD.
City-St-Zip: CELEBRATION, FL 34747

Title: PT () Delete
Name: MORRIS, DEBORAH B
Address: 278 CELEBRATION BLVD.
City-St-Zip: CELEBRATION, FL 34747

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: EDWARD E. MORRIS

VPS

05/12/2008

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