

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064514

Entity Name: 2MORROW'S CONCEPTS LLC

FILED  
Feb 05, 2007  
Secretary of State

**Current Principal Place of Business:**

300 PALMAS CIRCLE  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

300 PALMAS CIRCLE  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

FEI Number: 71-0949418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LESTER, MORROW  
300 PALMAS CIRCLE  
ST. AUGUSTINE, FL 32086 US

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

LESTER, MORROW PRES.  
300 PALMAS CIRCLE  
ST. AUGUSTINE, FL 32086 US

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: LESTER MORROW

02/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MORROW, STEPHANIE  
Address: 300 PALMAS CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR ( ) Delete  
Name: RINEHART, JACK  
Address: 2711 VISTA COVE RD.  
City-St-Zip: ST. AUGUSTINE, FL 32084

**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 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: LESTER MORROW

PRES

02/05/2007

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