

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 11, 2008 08:00 A
Secretary of State

DOCUMENT # L06000076178 1. Entity Name MORGAN GROUP I, LLC	
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Principal Place of Business C/O MORGAN PROPERTY GROUP 401 E. LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE, FL 33301	Mailing Address C/O MORGAN PROPERTY GROUP 401 E. LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE, FL 33301
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5329579	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MORGAN, GEORGE A III C/O MORGAN PROPERTY GROUP 401 E. LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE, FL 33301
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IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000854477
03/27/08-80009-013 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORGAN, GEORGE A JR. 401 E. LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORGAN, GEORGE A III 401 E. LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE, FL 33301
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IN THIS SPACE**

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: George A. Morgan Jr. 2-29-08 954-552-6010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #