2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000104224

1. Entity Name MORROW PLAZA I, LLC



FILED Apr 14, 2008 08:00 Al Secretary of State

Principal Place of Business

416 S.E. 33RD STREET CAPE CORAL, FL 33904

Mailing Address

P.O. BOX 150937 CAPE CORAL, FL 33915



04102008 No Chg-LLC

CR2E083 (12/07)

Daytime Phone #

4. FEI Number	Applied For	
20-5891344	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HERSCH, CRAIG R 9100 COLLEGE POINTE COURT FT. MYES, FL 33919

SIGNATURE:

SIGNATURE AND TY

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstaling)	DATE	
	! NOWIII FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		U00000896030 04/24/08-80092-006 138.75	
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	JLM INVESTMENT GROUP, LLC			
STREET ADDRESS	416 S.E. 33RD STREET		Y	
CITY-ST-ZIP	CAPE CORAL, FL 33904	······································		
TITLE				
NAME STREET ADDRESS				
City-St-ZIP				
TITLE				
NAME				
STREET ADDRESS		l 50	NOT WOITE	
CITY-ST-ZIP	•	ן טט	NOT WRITE	
TITLE		INI T	HIS SPACE	
NAME		l mai	HIS SPACE	
STREET ADDRESS				
CITY-ST-ZIP	:			
TITLE				
NAME			•	
STREET ADDRESS	E CO BANDAD	•		
CITY-ST-ZIP	11 × 91 (C) 11 11 198		·. · : · ·	
TITLE .	Rinkoa Department Or Store			
NAME CERCET ADDRESS.			. ,	
CITY-ST-ZIP	name interest that are the			
	partify that the information cumplied with this filling does not	qualify for the exemptions contained in Chapter 110	Clorida Statutos I further certify that the information	
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.				

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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