

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104560

Entity Name: MORGAN RICHBURG LLC

FILED  
Jun 25, 2009  
Secretary of State

## Current Principal Place of Business:

7224 PUTTER LANE  
MILTON, FL 32570

## New Principal Place of Business:

11290 SQUIRREL TRAIL  
MILTON, FL 32583

## Current Mailing Address:

7224 PUTTER LANE  
MILTON, FL 32570

## New Mailing Address:

11290 SQUIRREL TRAIL  
MILTON, FL 32583

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RICHBURG, MORGAN  
7224 PUTTER LANE  
MILTON, FL 32570 US

## Name and Address of New Registered Agent:

RICHBURG, MORGAN  
11290 SQUIRREL TRAIL  
MILTON, FL 32583 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: MORGAN RICHBURG

06/25/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: RICHBURG, MORGAN  
Address: 7224 PUTTER LANE  
City-St-Zip: MILTON, FL 32570

Title: MGR (X) Delete  
Name: BARROW, SIMON C  
Address: 7224 PUTTER LANE  
City-St-Zip: MILTON, FL 32570

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: RICHBURG, MORGAN  
Address: 11290 SQUIRREL TRAIL  
City-St-Zip: MILTON, FL 32583

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: MORGAN RICHBURG

MM

06/25/2009

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