



FILED
Mar 05, 2007 8:00 am
Secretary of State

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| DOCUMENT # L06000108678 | |  | | Secretary of State | |
| 1. Entity Name ROGER E MORRIS JR, LLC | | | | 03-05-2007 90281 045 ****50.00 | |
| Principal Place of Business 909 JOHNSON AVE STUART, FL 34994 | | Mailing Address 1147 NW 14TH TERR SUART, FL 34994 US | | 400000000 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02162007 Chg-LLC CR2E083 (12/06) | |
| City & State | | City & State | | 4. FEI Number 20-5867064 Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JONES, LAURIE A 3404 SW 72ND AVE PALM CITY, FL 34990 | | | | 7. Name and Address of New Registered Agent Name ROGER E. MORRIS, JR Street Address (P.O. Box Number is Not Acceptable) 1147 NW 14TH TERR City Stuart FL 34994 | |
| 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 Roger E Morris Jr 2/19/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MORRIS, ROGER E JR 1147 NW 14TH TERR STUART, FL 34994 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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: Roger E Morris Jr 2/19/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |