

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

04-21-2008 90322 029 ***138.75

DOCUMENT # L07000044039																																																					
1. Entity Name MORSE BOULEVARD INVESTMENT, LLC																																																					
Principal Place of Business 1033 STATE ROAD 436, SUITE 121 CASSELBERRY, FL 32707			Mailing Address P.O. BOX 3507 WINTER PARK, FL 32790																																																		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																																																		
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																		
City & State			City & State																																																		
Zip	Country	Zip	Country	04182008 Chg-LLC CR2E083 (12/06) 4. FEI Number 20-8994507 Applied For ☐ Not Applicable ☐ 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																	
BECKETT, WILLIAM A 215 NORTH EOLA DRIVE ORLANDO, FL 32801				Name																																																	
				Street Address (P.O. Box Number is Not Acceptable)																																																	
				City	FL Zip Code																																																
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 renewing) DATE _____																																																					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3">10. ADDITIONS/CHANGES</th> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS CITY - ST - ZIP</td> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS CITY - ST - ZIP</td> </tr> <tr> <td>☐ Delete</td> <td>MEMBER MANAGING MEMBER</td> <td>ROBERT A. MANDELL 1900 KING ARTHUR CIRCLE MAIMAND FL 3275</td> <td>☐ Change ☐ Addition</td> <td></td> <td></td> </tr> <tr> <td>☐ Delete</td> <td>MEMBER MANAGING MEMBER</td> <td>CHARLES W. GREGG 950 MARKHAM WOODS RD LOWMEADOW FL 32779-2824</td> <td>☐ Change ☐ Addition</td> <td></td> <td></td> </tr> <tr> <td>☐ Delete</td> <td>MEMBER MANAGING MEMBER</td> <td>LESTER MANDELL PO BOX 2106 WINTER PARK FL 32790-2106</td> <td>☐ Change ☐ Addition</td> <td></td> <td></td> </tr> <tr> <td>☐ Delete</td> <td>MEMBER MANAGING MEMBER</td> <td>SUSAN LAWRENCE 1636 MORSE # 230 WINTER PARK, FL 32789</td> <td>☐ Change ☐ Addition</td> <td></td> <td></td> </tr> <tr> <td>☐ Delete</td> <td>MEMBER MANAGING MEMBER</td> <td>JOHN F. + LITA LOWMEADOW STBGE 1308 GREEN CANY RD WINTER PARK, FL 32785</td> <td>☐ Change ☐ Addition</td> <td></td> <td></td> </tr> <tr> <td>☐ Delete</td> <td></td> <td></td> <td>☐ Change ☐ Addition</td> <td></td> <td></td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	NAME	STREET ADDRESS CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS CITY - ST - ZIP	☐ Delete	MEMBER MANAGING MEMBER	ROBERT A. MANDELL 1900 KING ARTHUR CIRCLE MAIMAND FL 3275	☐ Change ☐ Addition			☐ Delete	MEMBER MANAGING MEMBER	CHARLES W. GREGG 950 MARKHAM WOODS RD LOWMEADOW FL 32779-2824	☐ Change ☐ Addition			☐ Delete	MEMBER MANAGING MEMBER	LESTER MANDELL PO BOX 2106 WINTER PARK FL 32790-2106	☐ Change ☐ Addition			☐ Delete	MEMBER MANAGING MEMBER	SUSAN LAWRENCE 1636 MORSE # 230 WINTER PARK, FL 32789	☐ Change ☐ Addition			☐ Delete	MEMBER MANAGING MEMBER	JOHN F. + LITA LOWMEADOW STBGE 1308 GREEN CANY RD WINTER PARK, FL 32785	☐ Change ☐ Addition			☐ Delete			☐ Change ☐ 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 806, Florida Statutes.																																																					
SIGNATURE: <u>[Signature]</u> Susan Lawrence 4.18.08 407.261.0400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																																					