2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000073341

Address:

City-St-Zip:

2700 MISSION ROAD

PENSACOLA, FL 32505

Entity Name: TRACY MORTON MEMORIAL CHAPEL, LLC

FILED Jan 15, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Pl | New Principal Place of Business: | |
|---|---|--------------------------------|---|--|--|
| 3416 WEST SCOTT STREET PENSACOLA, FL 32505 | | | | 55 COAST ROAD PENSACOLA, FL 32507 | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | ST SCOTT STE DLA, FL 32505 | | | | |
| FEI Number | : 61-1534857 | FEI Number Applied For () | FEI Number Not Applicable (|) Certificate of Status Desired (X) | |
| Name and | d Address of C | urrent Registered Agent: | Name and Addre | ess of New Registered Agent: | |
| | , FRANK ST SCOTT STF DLA, FL 32505 | | | | |
| | e named entity s e of Florida. | submits this statement for the | purpose of changing its regis | stered office or registered agent, or both | |
| SIGNATUI | RE: | | | | |
| | Electron | ic Signature of Registered Ag | ent | Date | |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | | |
| Title: Name: Address: City-St-Zip: | MGRM () MORTON, FRA 3416 WEST SO PENSACOLA, F | COTT STREET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MGRM () MORTON, TRA 3416 WEST SO PENSACOLA, F | COTT STREET | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | MGRM () MORTON, GAY 3416 WEST SO PENSACOLA, F | COTT STREET | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: | MGRM () JACKSON, CLA | Delete RENCE | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: TRACY MORTON MGRM 01/15/2009