


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90070 001 \*\*\*143.75

<b>DOCUMENT # L07000080134</b>	
1. Entity Name <b>MORRIS LAW OFFICES, LLC</b>	

Principal Place of Business <b>3461 BONITA BAY BLVD. SUITE 201 BONITA SPRINGS, FL 34134</b>	Mailing Address <b>P.O. BOX #1269 ESTERO, FL 33928</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>3461 Bonita Bay Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Suite 201</b>
City & State	City & State <b>Bonita Springs FL</b>
Zip	Country
<b>34134</b>	<b>U. S. A.</b>

00000001



01282008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>26-0659255</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MORRIS, WENDY S ESQ. 3461 BONITA BAY BLVD. SUITE 201 BONITA SPRINGS, FL 34134</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MORRIS, WENDY S ESQ. PO BOX #1269 ESTERO, FL 33928</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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.

<b>SIGNATURE:</b> <u>Wendy S. Morris</u> <b>Wendy S. Morris</b> <u>1/29/08</u> <u>239.992.3466</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>