

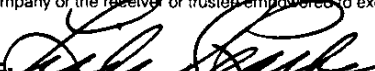


FILED
Feb 14, 2008 8:00 am
Secretary of State

30000541

[illegible]

DOCUMENT # L07000105286				02-14-2008 90103 001 *1,248.75	
1. Entity Name MORGRAN HOLDINGS, LLC					
Principal Place of Business 203 LOOKOUT PLACE SUITE A ATTN: LINDA A. PARKS, CPA MAITLAND, FL 32751		Mailing Address 203 LOOKOUT PLACE SUITE A ATTN: LINDA A. PARKS, CPA MAITLAND, FL 32751			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		30000541	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01092008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 26-1301029	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent W&P SERVICES, INC. 450 N. WYMORE ROAD WINTER PARK, FL 32729		7. Name and Address of New Registered Agent 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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR LORENZOTTI, GUIDO 203 LOOKOUT PLACE SUITE A MAITLAND, FL 32751	<input checked="" 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	MGR PARKS, LINDA A 203 LOOKOUT PLACE SUITE A MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVPT Parks, Linda G.T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FROMMELT, VEITA DR 203 LOOKOUT PLACE SUITE A MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ROSS, LARRY D 203 LOOKOUT PLACE SUITE A MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Ross, Lawrence D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ROSS, LARRY D 203 LOOKOUT PLACE SUITE A MAITLAND, FL 32751	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P.O. Box 1980, Morristown, NJ 07962 DEVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ROSS, LARRY D 203 LOOKOUT PLACE SUITE A MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	George L. Hayes, III 4701 Central Avenue, Ste. A, St. Petersburg, FL	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	S David A. Webster P.O. Box 2310, Winter Park, FL 32790	
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  LINDA G. T. PARKS 1-28-08 (407) 539-1333					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____					