2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L08000012408

Entity Name: WILLIAM MORRIS FINANCIAL SERVICES LLC.

Current Principal Place of Business:

9752 VINEYARD CT.
BOCA RATON, FL 33428

New Principal Place of Business:

18475 TAPADERO TER.
BOCA RATON, FL 33496

Current Mailing Address:

9752 VINEYARD CT.
BOCA RATON, FL 33428

New Mailing Address:

18475 TAPADERO TER.
BOCA RATON, FL 33496

FEI Number: 26-4717660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SEGAL, W.
9752 VINEYARD CT.
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

SEGAL, W.
18475 TAPADERO TER.
BOCA RATON, FL 33496 US

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.

SIGNATURE: WILLIAM SEGAL 04/22/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SEGAL, WILLIAM
Address: 9752 VINEYARD CT.
City-St-Zip: BOCA RATON, FL 33428 US

Title: MGR (X) Delete
Name: LOBENE, MATTHEW
Address: 13 CHEVOIT LANE
City-St-Zip: ROCKCHESTER, NY 14624 US

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: SEGAL, WILLIAM
Address: 18475 TAPADERO TER.
City-St-Zip: BOCA RATON, FL 33496 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: WILLIAM SEGAL CEO 04/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date