

2<sup>nd</sup> and  
**FINAL NOTICE:** File on or before Sept. 29, 1999 or Limited Liability Company  
will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JUL 15 PM 2:15

<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> L96000000872
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OLD MORRIS BRIDGE, L.L.C.  
57 MARTINIQUE AVENUE  
TAMPA FL 33606

1a. Principal Place of Business Address

57 MARTINIQUE AVENUE  
TAMPA FL 33606

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

08/15/1996

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For

City & State

City & State

NOT APPLICABLE

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

04/16/1998

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

ZAMORE, MILTON  
57 MARTINIQUE AVENUE  
TAMPA FL 33606

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

300002936943--3

-07/20/99--01095--001

City

\*\*\*\*188.75 \*\*\*\*188.75  
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	LEVIN, WALLACE S	4000 ISLAND BLVD., TOWNHOU	NORTH MIAMI BEACH FL
MGRM	ZAMORE, MILTON	57 MARTINIQUE AVENUE	TAMPA FL
MGRM	LEVIN, MARK	555 LAUREL AVENUE, APT. 51	SAN MATEO CA
MGRM	WALFISH, NANCY	19885 N.E. 22ND AVENUE	NORTH MIAMI BEACH 33
MGRM	HEUBERGER, JOHN	107 WEST ST. ANDREWS LANE	DEERFIELD IL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

*Milton Zamore*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date:

Daytime Phone #

7/17/99 813 251-2929

Old Morris Bridge, L.L.C.  
57 Martinique Ave.  
Tampa , Florida 33606

813 251 2929  
FAX 813 251 3167  
mitsz@gte.net

July 12, 1999

Secretary of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Secretary of State:

Re: Old Morris Bridge, L.L.C.  
Document # L96000000872

Today I received the second notice of the annual report. However, since I never received the first annual report 1999, I am enclosing the filing fee of \$188.75.

Please note the elimination of Wallace Levin who is deceased.

Sincerely,

A handwritten signature in cursive script that reads "Milton Zamore".

Milton Zamore