2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# L96000000872

Entity Name: OLD MORRIS BRIDGE, L.L.C.

Current Principal Place of Business:

57 MARTINIQUE AVENUE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

57 MARTINIQUE AVENUE
TAMPA, FL 33606

New Mailing Address:

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

Name and Address of Current Registered Agent:

ZAMORE, MILTON
57 MARTINIQUE AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM ( ) Delete
Name:	ZAMORE, MILTON
Address:	57 MARTINIQUE AVENUE
City-St-Zip:	TAMPA, FL 33606
Title:	MGRM ( ) Delete
Name:	LEVIN, MARK
Address:	880 MERIDIAN BAY LANE
City-St-Zip:	FOSTER CITY, CA 94404
Title:	MGRM ( ) Delete
Name:	WALFISH, NANCY
Address:	9534 LANGERS FIELD CIRCLE
City-St-Zip:	VIENNA, VA
Title:	MGRM ( ) Delete
Name:	HEUBERGER, JOHN
Address:	107 WEST ST. ANDREWS LANE
City-St-Zip:	DEERFIELD, IL 60015

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	MGRM (X) Change ( ) Addition
Name:	LEVIN, MARK
Address:	815 SOUTHPORT DRIVE
City-St-Zip:	REDWOOD CITY, CA 94065
Title:	MGRM (X) Change ( ) Addition
Name:	WALFISH, NANCY
Address:	12972 HIGHLAND OAKS CT.
City-St-Zip:	FAIRFAX, VA 22033
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MILTON ZAMORE MR. 04/14/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date