51

## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

AIII	AAVE UP	-Oni (An)				TT TT			
DOCUMENT # L9900002375  1. Entity Name						ILED Apr 03, 2	2006 8	<b>3:00</b>	A.N
MORRIS LAND COMPANY, LLC			1		列 S	ecretáry	y of St	ate	
Principal Place of Business Mailing Address									
1505 S. TAMIAMI TRAIL, SUITE 405 VENICE FL 34285 VENICE FL 34285			IL, SUITE 405						
Principal Place of Business     3. Mailing Address			· _						
245 N. Tamiami	245 N. Tamiama Trail								
Suite, Apt. #, etc. #E		Suite, Apt. #, etc.				1st MOORE	CR2E083 (	10/05)	
City & State Venice FC		City & State FC			4. FEI N	umber 65-10963	 81	_ <del> </del>	olied For Applicable
Zip Country		Zıp	Countr	ry 1	5.00 Additional				
	aSota	34285 istered Agent	Sari	asota		and Address of New	, L Fe	e Required	
Name Ge G					frew Morris				
					ress (P.O. Sox Ni	imber is Not-Accepta	ble)		
VENICE FL 34285			-	242		ame Iran	<u> </u>		
			}	<u> </u>	. <u>€</u>			Zio Code	
City UE nice  8. The above named entity submits this statement for the purpose of changing its registered office or register.						<del></del>	FL		35
<ol><li>The above named entity submit the obligations of registered at</li></ol>		purpose of changing its	registered	d office or req	gistered agent, c	r both, in the State of	Florida. I am fan	nifiar with, a	ind accept
3/31/06									
Signature Signature, typed on ringed	nailty of registered agent and titl		Registered	Agent signature re	equired when reinstatin	9)	DATE		
FILE NOW!!! FEE IS \$50.00									
Make Check Payable to Florida Department of State  Due By May 1, 2006									
9. M	IANAGING MEMBERS/	MANAGERS	10.			ADDITION	IS/CHANGES		
TITLE MGR Delete			TITLE			^ l	Ĺ	Change	Addition
NAME GOBLE, DICK STREET ADDRESS 1858 RINGLING BLVD			NAME STREET	T ADDRESS .	Cople	Diele	Suite 8	o)	
CITY-SI-ZIP SARASOTA FL 34236			•	ST-ZIP	1990 M		4236	<b>•</b> [	
TITLE Delete			TITLE		<u> </u>	,		Change	☐ Addition
MAME SIGGET ANDRESS			NAME	NAME 20070795832 STREET ADDRESS 04/18/0601032023 **111.2				2	
STREET ADDRESS CITY-ST-ZIP				ST-ZIP	U4/	18/0601032	!023 **	111.25	
TITLE		☐ Delete	TITLE					Change	Addition
NEML			NAME	ı					
STREET ADDRESS CITY-ST-ZIP	10.1	1		T ADDRESS ST-ZIP					
TITLE	TX Y	Delete	TITLE					Change	Addition
NAME	$\mathcal{N}$ , .	/	NAME						ļ
STREET ADDRESS   CITY-ST-ZIP	<b>√</b>			ST-ZIP					
TITLE		☐ Delete	TITLE		····			Change	Addition
NAME			NAME	- 1				_ ,	_
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			TITLE	ST-ZIP				Change	Addition
TITLE NAME		☐ Delete	NAME	i				change	☐ <b>∀</b> 00111011
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				ST-ZIP		440 51 11 21	LE II		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and this my signature shall have the same legal effect as if made under only that I am a managing member or manager of the lightly lightly the report is the results. The true of the results are the results and the properties of the lightly lightly the results are the results and the properties of the lightly lightly the results are the results and the properties of the lightly l									
limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
CICNIATURE:	SIGNATURE:								
SIGNATURE:	ED OR PRINTED NAME OF SIG	INING MANAGING MEMBER, MA	NAGER, OR	AUTHORIZED RE	EPRESENTATIVE	Date	Dayl	Ima Phone #	