

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 A.M.
Secretary of State

DOCUMENT # L99000002375	
1. Entity Name MORRIS LAND COMPANY, LLC	
Principal Place of Business 1505 S. TAMiami TRAIL, SUITE 405 VENICE FL 34285	Mailing Address 1505 S. TAMiami TRAIL, SUITE 405 VENICE FL 34285



2. Principal Place of Business 245 N. Tamiami Trail Suite, Apt. #, etc. #E	3. Mailing Address 245 N. Tamiami Trail Suite, Apt. #, etc. #E
City & State Venice FL	City & State Venice FL
Zip 34285	Country Sarasota

1st MOORE CR2E083 (10/05)

4. FEI Number 65-1096381		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MORRIS, GEOFFREY D 1505 S. TAMiami TRAIL, SUITE 405 VENICE FL 34285		7. Name and Address of New Registered Agent Name Geoffrey Morris Street Address (P.O. Box Number is Not Acceptable) 245 N. Tamiami Trail Suite E City Venice FL Zip Code 34285
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 <i>Geoffrey Morris</i> DATE 3/31/06 (NOTE: Registered Agent signature required when reinstating)		
<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 </div>		

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOBLE, DICK 1858 RINGLING BLVD SARASOTA FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Goble, Dick 1990 Main St - Suite 801 Sarasota, FL 34236 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200070795832 04/18/06--01032--023 **111.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Geoffrey Morris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #