

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT #1M05000006237

1. Entity Name
MORGAN GROUP ST. JOHNS, L.L.C.



Principal Place of Business
**5606 SOUTH RICE AVENUE
HOUSTON, TX 77081**

Mailing Address
**5606 SOUTH RICE AVENUE
HOUSTON, TX 77081**



01132006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3706530

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOOD, JON C
480 NORTH ORLANDO AVENUE, SUITE C221
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**000000401445
02/02/06-80043-019 55.00**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MORGAN, MICHAEL S
5606 SOUTH RICE AVENUE
HOUSTON, TX 77081**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MORGAN, I. RONALD
1619 ASTON, SUITE 105
CARLSBAD, CA 92008**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

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

Date

Daytime Phone #

Stanley D. Levy, VP 1-18-06 713-361-7200