

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006248

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** MORGAN GROUP BALDWIN PARK, L.L.C.

**Current Principal Place of Business:**

5606 SOUTH RICE AVENUE  
HOUSTON, TX 77081

**New Principal Place of Business:**

**Current Mailing Address:**

5606 SOUTH RICE AVENUE  
HOUSTON, TX 77081

**New Mailing Address:**

**FEI Number:** 20-3707052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WOOD, JON C  
480 NORTH ORLANDO AVENUE,  
SUITE C-222  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

WOOD, JON C  
480 NORTH ORLANDO AVENUE,  
SUITE C222  
WINTER PARK, FL 32789 US

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:**

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MORGAN, MICHAEL S  
Address: 5606 SOUTH RICE AVENUE  
City-St-Zip: HOUSTON, TX 77081

Title: MGR ( ) Delete  
Name: MORGAN, I. RONALD  
Address: 1910 PALOMAR POINT WAY, SUITE 101  
City-St-Zip: CARLSBAD, CA 92008

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** MICHAEL S. MORGAN

MGR

04/30/2008

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