

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001954

FILED
Apr 30, 2008
Secretary of State

Entity Name: MORGAN GROUP MAITLAND, L.L.C.

Current Principal Place of Business:

5606 SOUTH RICE AVE.
HOUSTON, TX 77081

New Principal Place of Business:

5606 SOUTH RICE AVENUE
HOUSTON, TX 77081

Current Mailing Address:

5606 SOUTH RICE AVE.
HOUSTON, TX 77081

New Mailing Address:

5606 SOUTH RICE AVENUE
HOUSTON, TX 77081

FEI Number: 20-4871552

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 AVE
SUITE C-222
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

WOOD, JON C
480 NORTH ORLANDO AVE
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: MGRM () Delete
Name: MORGAN, MICHAEL S
Address: 5606 SOUTH RICE AVE.
City-St-Zip: HOUSTON, TX 77081

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MORGAN, MICHAEL S
Address: 5606 SOUTH RICE AVENUE
City-St-Zip: HOUSTON, TX 77081

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

MGRM

04/30/2008

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