

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90052 025 ****55.00

DOCUMENT # L03000034469

1. Entity Name
MORNINGSIDE DEVELOPMENT, LLC



Principal Place of Business
**1023 NW 3RD AVE.
MIAMI, FL 33136**

Mailing Address
**1023 NW 3RD AVE.
MIAMI, FL 33136**

24054376



2. Principal Place of Business
5445-5501 Biscayne Blvd
Suite, Apt. #, etc.

3. Mailing Address
2742 Biscayne Blvd
Suite, Apt. #, etc.

04212004 Chg-LLC CR2E083 (10/03)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
03-0528136

Applied For
Not Applicable

Zip
33137

Country
US

Zip
33137

Country
US

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**YUKEN, SALOMON
1023 NW 3RD AVE.
MIAMI, FL 33136**

7. Name and Address of New Registered Agent

Name
Ruben Matz
Street Address (P.O. Box Number is Not Acceptable)
2742 Biscayne Blvd
City
Miami FL Zip Code
33137

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 **Ruben Matz MGRM** 4-21-04
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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGRM	MATZ, ISAAC	2742 BISCAYNE BLVD	MIAMI, FL 33137		
MGRM	MATZ, RUBEN	2742 BISCAYNE BLVD	MIAMI, FL 33137		
MGRM	CHOCRON LLC	19911 COLLINS AVENUE SUITE 604	SUNNY ISLES BEACH, FL 33160		
MGRM	S & R INVESTMENT LLC	1023 NW 3 AVENUE	MIAMI, FL 33136		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Ruben Matz** 4-21-04 305-573-6640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #