


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2008 08:00 A
Secretary of State

DOCUMENT # L00000003886 1. Entity Name MORNING STAR, LLC	
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Principal Place of Business 1003 GREENRIDGE RD JACKSONVILLE, FL 32207	Mailing Address PO BOX 217 PENFIELD, NY 14526
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DO NOT WRITE IN THIS SPACE



03072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3641839	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 SCHMIDT, KENT H 1003 GREENRIDGE ROAD JACKSONVILLE, FL 32207

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

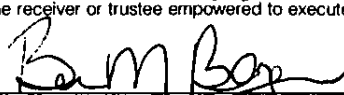
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$938.75

U0000003864812
04/07/08-80002-019 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERGERON, BRIAN 4 D' ANGELO DR WEBSTER, NY 14580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHMIDT, KENT H 1003 GREENRIDGE ROAD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEAY, EVERETTE 1026 RIVIERA STREET JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHMIDT, MICHAEL 1003 GREENRIDGE ROAD JACKSONVILLE, FL 32207
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:  **3-07-08** **585 749-6789**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #