

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90590 001 ***220.00

DOCUMENT # L01000013892

1. Entity Name

MORNING E, LLC

Principal Place of Business

**1555 PALM BEACH LAKES BLVD. SUITE 1208
 WEST PALM BEACH FL 33401**

Mailing Address

**1555 PALM BEACH LAKES BLVD. SUITE 1208
 WEST PALM BEACH FL 33401**

2. Principal Place of Business

500 AUSTRALIAN AVE

Suite, Apt. #, etc.

SUITE 120

3. Mailing Address

500 AUSTRALIAN AVE

Suite, Apt. #, etc.

SUITE 120

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BCH, FL

Zip

33401

Country

USA

Zip

33401

Country

USA

4. FEI Number

65-621119

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

KAHLERT, HERBERT F

**1555 PALM BEACH LAKES BLVD, SUITE 1208
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

KAHLERT, HERBERT F.

Street Address (P.O. Box Number is Not Acceptable)

500 AUSTRALIAN AVE

City

WEST PALM BCH.

FL

Zip Code

33401

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.

SIGNATURE **MAILING ADDRESS ONLY CHANGED**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **PD** ☐ Delete
 NAME **KAHLERT, HERBERT F**
 STREET ADDRESS **180 PERIWINKLE DR.**
 CITY-ST-ZIP **HYPOLEXO, FL 33462**

TITLE **VD** ☐ Delete
 NAME **KAHLERT, KARL**
 STREET ADDRESS **732-2 N.E. 12TH TERR.**
 CITY-ST-ZIP **BOYNTON BCH, FL 33435**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

4-3-2

CR2E083 (9/01)