

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028626

FILED
Jul 13, 2005
Secretary of State

Entity Name: MORNING STAR MANAGEMENT, LLC

Current Principal Place of Business:

1605 MAIN STREET, SUITE 912
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

1605 MAIN STREET, SUITE 912
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 03-0490339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCOVILL, HAROLD W
1605 MAIN STREET, SUITE 912
SARASOTA, FL 34236 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BUCKHANNON, ROBERT
Address: 4400 S. TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34236 US

Title: MGR (X) Delete
Name: BUCKHANNON, JAMES
Address: 4400 S. TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34236 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BUCKHANNON, ROBERT
Address: 6325 SIERRA PINES CT.
City-St-Zip: LAS VEGAS, NV 89130 NV

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT LYLE BUCKHANNON

MGR

07/13/2005

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