2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000034469

MORNINGSIDE DEVELOPMENT, LLC



FILED Aug 25, 2008 08:00 AM Secretary of State

Principal Place of Business

5445-5501 BISCAYNE BLVD MIAMI, FL 33137

Mailing Address

2742 BISCAYNE BLVD MIAMI, FL 33137



DO NOT WRITE IN THIS SPACE

08212008 No Chg-LLC

CR2E083 (12/07)

4. FE! Number 03-0528136 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MATZ, RUBEN 2742 BISCAYNE BLVD MIAMI, FL 33137

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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

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

000000958370 08/25/08-80006-008 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATZ, ISAAC 2742 BISCAYNE BLVD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATZ, RUBEN 2742 BISCAYNE BLVD MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOCRON LLC 19911 COLLINS AVE SUITE 604 NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM S & R INVESTMENT LLC 1023 NW 3 AVE MIAMI, FL 33136
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 filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR