

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 25 AM 10:56

DOCUMENT # L03000040233 1. Entity Name MORNINGSIDE SHOPPES, LLC					
Principal Place of Business C/O JAMES L. CASE 2810 E. OAKLAND PARK BLVD., STE. 102 FORT LAUDERDALE, FL 33306			Mailing Address C/O JAMES L. CASE 2810 E. OAKLAND PARK BLVD., STE. 102 FORT LAUDERDALE, FL 33306		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 33-1073135 APPLIED FOR	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CASE, JAMES L 2810 E. OAKLAND PARK BLVD., STE. 102 FORT LAUDERDALE, FL 33306			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
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 retreating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS	MGRM MORNINGSIDE CENTER, INC. 2810 E. OAKLAND PARK BLVD., STE. 102 FORT LAUDERDALE, FL 33306		STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE			1/20/05 954-563-1000 Date Daytime Phone #		