


138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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
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DO NOT WRITE IN THIS SPACE

FILED
08 APR -1 PM 12: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02012008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 33-1073135	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CASE, JAMES L 2810 E. OAKLAND PARK BLVD., STE. 102 FORT LAUDERDALE, FL 33306	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) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

300122233573
04/04/08--01009--012 **298.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORNINGSIDE CENTER, INC. 2810 E. OAKLAND PARK BLVD., STE. 102 FORT LAUDERDALE, FL 33306
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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:  James L. Case 3/18/08 954-563-1000
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #