## **2008 LIMITED LIABILITY COMPANY**

CITY-ST-ZIP

	ANNUAL	ILLI OILI			••
1	MENT # L03000040	233		FILED	
Entity Name     MORNINGSIDE SHOPPES, LLC				00 40	_ · <del>-</del>
					R-1 PM12:06
Principal Plac	e of Business	Mailing Address		SEURI. TALL TO	LART OF STATE MASSEE, FLORIDA
C/O JAMES L. CASE 2810 E. OAKLAND PARK BLVD., STE. 102  C/O JAMES L. CASE 2810 E. OAKLAND PARK BLVD.			VD., STE, 102	TALLAH	ASSEE, FLORIDA
FORT LAUDE	RDALE, FL 33306	FORT LAUDERDALE, FL 333	306	 	H BONI SIBII BUKA KEBU IIIDD HIBDI KI IDDI
		1 to			
			- 1	02012008No Chg-LLC	CR2E083 (12/07)
_ D	O NOT WRITE	IN THIS SPA	4CE	4. FEI Number	Applied For
	***			33-1073135	Not Applicab
4.64				5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current	Registered Agent	<b>-</b>		
CASE, JAI 2810 E. O/	MES L AKLAND PARK BLVD., STE. 10	02		DO NOT W	RITE
	JDERDALE, FL 33306			IN THIS SP	ACE
			3		
	named entity submits this statement for ions of registered agent.	r the purpose of changing its regis	stered office or register	ed agent, or both, in the State of Flo	orida. I am familiar with, and accep
	on og out og out				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. {NOTE: Regis	stered Agent signature required	when reinstating)	DATE
FILE	Signature, typed or printed name of registered agent a E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		stered Agent signature required		233573 9012 **288.75
FILE After May	NOWIII FEE IS \$138.75 71, 2008 Fee will be \$538.75 MANAGING MEMBE	;	stered Agent signature required		
FILE After May 9. TITLE NAME	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	;	stered Agent signature required		
FILE After May	NOWIII FEE IS \$138.75 71, 2008 Fee will be \$538.75 MANAGING MEMBE	RS/MANAGERS , STE. 102	stered Agent signature required		
FILE After May  9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM MORNINGSIDE CENTER, INC. 2810 E. OAKLAND PARK BLVD.	RS/MANAGERS , STE. 102	stered Agent signature required		
FILE After May  9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM MORNINGSIDE CENTER, INC. 2810 E. OAKLAND PARK BLVD.	RS/MANAGERS , STE. 102	stered Agent signature required		
FILE After May  9.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM MORNINGSIDE CENTER, INC. 2810 E. OAKLAND PARK BLVD.	RS/MANAGERS , STE. 102	stered Agent signature required		
FILE After May  9.  IIILE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME	MANAGING MEMBE MGRM MORNINGSIDE CENTER, INC. 2810 E. OAKLAND PARK BLVD.	RS/MANAGERS , STE. 102	stered Agent signature required	300122 04/04/0801009	233573 3012 **288.75
FILE After May  9.  IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	MANAGING MEMBE MGRM MORNINGSIDE CENTER, INC. 2810 E. OAKLAND PARK BLVD.	RS/MANAGERS , STE. 102	stered Agent signature required		233573 9012 **288.75
FILE After May  9.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM MORNINGSIDE CENTER, INC. 2810 E. OAKLAND PARK BLVD.	RS/MANAGERS , STE. 102	stered Agent signature required	300122 04/04/0801009	233573 9012 **288.75
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM MORNINGSIDE CENTER, INC. 2810 E. OAKLAND PARK BLVD.	RS/MANAGERS , STE. 102	stered Agent signature required	300122 04/04/0801009 74/2 <b>DO NOT W</b>	233573 9012 **288.75
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM MORNINGSIDE CENTER, INC. 2810 E. OAKLAND PARK BLVD.	RS/MANAGERS , STE. 102	stered Agent signature required	300122 04/04/0801009 74/2 <b>DO NOT W</b>	233573 9012 **288.75
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGRM MORNINGSIDE CENTER, INC. 2810 E. OAKLAND PARK BLVD.	RS/MANAGERS , STE. 102	stered Agent signature required	300122 04/04/0801009 74/2 <b>DO NOT W</b>	233573 9012 **288.75
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM MORNINGSIDE CENTER, INC. 2810 E. OAKLAND PARK BLVD.	RS/MANAGERS , STE. 102	stered Agent signature required	300122 04/04/0801009 74/2 <b>DO NOT W</b>	233573 9012 **288.75
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBE MGRM MORNINGSIDE CENTER, INC. 2810 E. OAKLAND PARK BLVD.	RS/MANAGERS , STE. 102	stered Agent signature required	300122 04/04/0801009 74/2 <b>DO NOT W</b>	233573 9012 **288.75

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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

James L. Case

3/18/08

Date

954-563-1000

Daytime Phone #

SIGNATURE: James L. Cas SIGNATURE AND TO FED OR PRINTED NAME OF SAGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE