


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90022 010 \*\*\*\*50.00

<b>DOCUMENT # L03000055986</b>	
1. Entity Name <b>MORNING INVESTMENTS, LLC</b>	

Principal Place of Business <b>125 BASIN STREET, SUITE 210 DAYTONA BEACH, FL 32114</b>	Mailing Address <b>125 BASIN STREET, SUITE 210 DAYTONA BEACH, FL 32114</b>
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**20047891**



2. Principal Place of Business <b>444 SEABREEZE BLVD.</b>	3. Mailing Address <b>444 SEABREEZE BLVD.</b>
Suite, Apt. #, etc. <b>SUITE 1002</b>	Suite, Apt. #, etc. <b>SUITE 1002</b>
City & State <b>DAYTONA BEACH, FL</b>	City & State <b>DAYTONA BEACH, FL</b>
Zip <b>32118</b>	Country <b>U.S.</b>

01132005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent  <b>BROCK, JEFFREY P 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118</b>	
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4. FEI Number <b>20-0725487</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, SANFORD 28 BROAD RIVER RD ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>444 SEABREEZE BLVD., SUITE 1002 DAYTONA BEACH, FL 32118</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, GEORGE 315 N ATLANTIC AVE DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:** *Sanford Miller* **SANFORD MILLER** 4/18/05 386-238-7035  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #