


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000055986 1. Entity Name MORNING INVESTMENTS, LLC	
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Principal Place of Business 444 SEABREEZE BLVD STE 1002 DAYTONA BEACH, FL 32118	Mailing Address 444 SEABREEZE BLVD STE 1002 DAYTONA BEACH, FL 32118
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04212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0725487	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

BROCK, JEFFREY P
444 SEABREEZE BLVD., SUITE 900
DAYTONA BEACH, FL 32118

**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 _____

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

(NOTE: Registered Agent signature required when (re)stating)

00000000000000000000
05/22/08 00040-007 138.75

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, SANFORD 444 SEABREEZE BLVD, STE 1002 DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, GEORGE 315 N ATLANTIC AVE DAYTONA BEACH, FL 32118
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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 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: _____

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

Sanford Miller
SANFORD MILLER

4/22/08

Date

386-238-7035

Daytime Phone #