


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

506088901123  
3/27/2006-90053-016-\$100.00-\$100.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY -8 PM 2:45

<b>DOCUMENT # L05000060761</b>	
1. Entity Name <b>MORNINGSIDE LIQUORS, LLC</b>	

Principal Place of Business <b>2950 SW 27TH AVENUE, STE. 300 GROVE PROFESSIONAL BLDG. MIAMI, FL 33133</b>	Mailing Address <b>2950 SW 27TH AVENUE, STE. 300 GROVE PROFESSIONAL BLDG. MIAMI, FL 33133</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03152006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-3099732</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>XIQUES, ALFREDO D 2950 SW 27TH AVENUE, STE. 300 GROVE PROFESSIONAL BLDG. MIAMI, FL 33133</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to: Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR O'NAGHTEN, JUAN T 2950 SW 27TH AVENUE, STE. 300 MIAMI, FL 33133</b> <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
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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 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: *Juan T. O'Naghten* 3/15/06 (205) 448-7092  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #