

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000103481

1. Entity Name
MORNINGSIDE PARTNERS LLC



Principal Place of Business
**627 N. 3RD ST.
PHILADELPHIA, PA 19123**

Mailing Address
**627 N. 3RD ST.
PHILADELPHIA, PA 19123**



03282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3720294

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STONE, ADELE I ESQ
C/O ATKINSON DINER STONE MANKITA & PLOUCHA
100 SE THIRD AVENUE, SUITE 1400
FORT LAUDERDALE, FL 33394**

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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 reinstating)

DATE

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

000000876266
04/11/08-80065-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROBERTSON, NEIL P
5991 NE 6TH CT
MIAMI, FL 33137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PARSONS, JOHN R
670 NE 59TH ST.
MIAMI, FL 33137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MADORE, PAUL L
627 N. 3RD ST.
PHILADELPHIA, PA 19123**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

3/27/2008 215-609-4141