2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# L05000103481

Entity Name: MORNINGSIDE PARTNERS LLC

Current Principal Place of Business:

627 N. 3RD ST.
PHILADELPHIA, PA 19123

New Principal Place of Business:

Current Mailing Address:

627 N. 3RD ST.
PHILADELPHIA, PA 19123

New Mailing Address:

FEI Number: 20-3720294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ROBERTSON, NEIL P
Address: 5991 NE 6TH CT
City-St-Zip: MIAMI, FL 33137

Title: MGRM ( ) Delete
Name: PARSONS, JOHN R
Address: 670 NE 59TH ST.
City-St-Zip: MIAMI, FL 33137

Title: T ( ) Delete
Name: MADORE, PAUL L
Address: 627 N. 3RD ST
City-St-Zip: PHILADELPHIA, PA 19123

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAUL L MADORE T 03/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date