



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # L06000074339 |  |
| 1. Entity Name MORNINGSTAR GROUP LLC | |

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|--|--|
| Principal Place of Business 309 LOUDOUN DRIVE SAINT AUGUSTINE, FL 32092 US | Mailing Address 309 LOUDOUN DRIVE SAINT AUGUSTINE, FL 32092 US |
|--|--|

DO NOT WRITE IN THIS SPACE



01102008No Chg-LLC CR2E083 (12/07)

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|--|---------------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

CARPENTER, DIANE K
 309 LOUDOUN DRIVE
 SAINT AUGUSTINE, FL 32092

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 CARPENTER, DIANE K 309 LOUDOUN DRIVE SAINT AUGUSTINE, FL 32092 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CARPENTER, JAMES B 309 LOUDOUN DRIVE SAINT AUGUSTINE, FL 32092 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SULLIVAN, MARK J 154 SOUTH END STREET SAINT AUGUSTINE, FL 32095 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ROBERTS-SULLIVAN, JUANITA 154 SOUTH END STREET SAINT AUGUSTINE, FL 32095 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000904865
 05/01/08-80030-005 143.75

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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: *Diane K Carpenter* 4-12-08 904-940-5955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #