

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

DOCUMENT # M00000000930

1. Entity Name  
 MORNINGSTAR HEALTHCARE, LLC



Principal Place of Business  
 3801 WOODLAND HEIGHTS RD  
 SUITE 110  
 LITTLE ROCK, AR 72212

Mailing Address  
 3801 WOODLAND HEIGHTS RD  
 SUITE 110  
 LITTLE ROCK, AR 72212



03312008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 73-1586972 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWARD, MARK  
 1881 WEST KENNEDY BLVD  
 TAMPA, FL 33606-1643

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

|                |                                  |
|----------------|----------------------------------|
| TITLE          | MGR                              |
| NAME           | COFFMAN, MARSHALL B              |
| STREET ADDRESS | 3801 WOODLAND HEIGHTS RD STE 110 |
| CITY-ST-ZIP    | LITTLE ROCK, AR 72212            |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
| TITLE          |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |

U00000004791  
 05/01/08-80027-006 138.75

**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

4/11/08 (501) 372-1065  
 Date Day/Time Phone #