

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M05000004508

1. Entity Name
MORNINGSIDE FLORIDA, LLC



Principal Place of Business
12100 WILSHIRE BLVD., SUITE 250
LOS ANGELES, CA 90025

Mailing Address
12100 WILSHIRE BLVD., SUITE 250
LOS ANGELES, CA 90025

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip Country Zip Country

04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3235492	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTIN, FL 33331

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME COMMERCIAL VENTURES, INC.
STREET ADDRESS 12100 WILSHIRE BLVD., SUITE 250
CITY-ST-ZIP LOS ANGELES, CA 90025

Delete

TITLE MGR
NAME Lee Minshull
STREET ADDRESS 27520 Hawthorne Blvd, Suite 125
CITY-ST-ZIP Palos Verdes Peninsula, CA 90274

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

Lee Minshull

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

310-377-1299

Daytime Phone #