


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # M06000006216**  
 1. Entity Name  
**MORNINGSIDE AND 301 DADE CITY, LLC**



Principal Place of Business 7307 EL FUERTE STREET CARLSBAD, CA 92009	Mailing Address 7307 EL FUERTE STREET CARLSBAD, CA 92009
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**DO NOT WRITE IN THIS SPACE**



01222008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5841490	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ICARD, MERRILL, CULLIS, ET AL  
 ATTN: F. THOMAS HOPKINS  
 2033 MAIN STREET, SUITE 600  
 SARASOTA, FL 34237

**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**

U00000882562  
 04/16/08-80046-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE MONET, JOAQUIN 7307 EL FUERTE STREET CARLSBAD, CA 92009
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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:  DATE: 4.3.08 (760) 438-4560

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