

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90074 017 ***538.75

DOCUMENT # M07000005604

1. Entity Name
MORNINGSIDE VENTURE GROUP, LLC



Principal Place of Business
**890 WINTER STREET
WALTHAM, MA 02451**

Mailing Address
**890 WINTER STREET
WALTHAM, MA 02451**

60045784



2. Principal Place of Business - No P.O. Box #
508 BOSTON PROVIDENCE
Suite, Apt. #, etc.
TURNPIKE

3. Mailing Address
508 BOSTON PROVIDENCE
Suite, Apt. #, etc.
TURNPIKE

07162008 Chg-LLC CR2E083 (12/06)

City & State
NORWOOD, MA
Zip
02062 Country
USA

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NORWOOD, MA
Zip
02062 Country
USA

4. FEI Number
26-0717168 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAQUETTE PAUL
1507 CHERY LAKE WAY
LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name **MIKE GARNOSO**
Street Address (P.O. Box Number is Not Acceptable)
4820 NEW BROAD STREET
SUITE # 2027
City **ORLANDO** FL Zip Code **32814**

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

60-510-962

7-17-08

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MARTIN, DEFOREST E III
890 WINTER STREET
WALTHAM, MA 02451 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT ☒ Change ☐ Addition
508 BOSTON PROVIDENCE TURNPIKE
NORWOOD, MA 02062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

60-510-962 7-17-08