

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A28480

Entity Name: MOORE HAVEN COMMONS, LTD.

FILED  
Jan 22, 2009  
Secretary of State

**Current Principal Place of Business:**

ATLANTIS ROAD STE 405-B  
CAPE CANAVERAL, FL 329201209

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 321209  
COCOA BEACH, FL 329321209

**New Mailing Address:**

FEI Number: 59-2950806

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KINCAID, JAMES  
ATLANTIS ROAD STE 405-B  
CAPE CANAVERAL, FL 329201209 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: DEHARDER, ROBERT  
Address: ATLANTIS ROAD STE 405-B  
City-St-Zip: CAPE CANAVERAL, FL 329201209

Document #:

Name: MCPHILLIPS, FRANCIS  
Address: ATLANTIS ROAD STE 405-B  
City-St-Zip: CAPE CANAVERAL, FL 329201209

Document #:

Name: FRAZIER, JOHN  
Address: ATLANTIS ROAD STE 405-B  
City-St-Zip: CAPE CANAVERAL, FL 329201209

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: WADE LEMKE

\_\_\_\_\_ Electronic Signature of Signing General Partner

MR

01/22/2009

\_\_\_\_\_ Date