

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 8:00 am**  
**Secretary of State**

01-09-2004 90101 002 \*\*\*\*50.00

DOCUMENT # L00000016029  
 1. Entity Name  
 MORENO PEELEN & COMPANY, LLC



Principal Place of Business  
 15 WEST CHURCH STREET  
 SUITE 201  
 ORLANDO, FL 32801

Mailing Address  
 15 WEST CHURCH STREET  
 SUITE 201  
 ORLANDO, FL 32801

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country



01062004 Chg-LLC CR2E083 (10/03)

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
 59-3687027

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

WOODS, JONATHAN D ESQ.  
 425 W. COLONIAL DR. STE. 204  
 ORLANDO, FL 32804

7. Name and Address of New Registered Agent

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

**Filing Fee is \$50.00  
 Due by May 1, 2004**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MORENO, ANTONIO JR	
STREET ADDRESS	15 W CHURCH STREET SUITE 201	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	MORENO, ANTONIO SR	
STREET ADDRESS	15 W CHURCH STREET SUITE 201	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PEELEN, SCOTT B	
STREET ADDRESS	15 W CHURCH STREET SUITE 201	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PINTO, CHRISTINA M	
STREET ADDRESS	15 W CHURCH STREET SUITE 201	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MORENO-HARAMBOURE, ELIZABETH	
STREET ADDRESS	15 W CHURCH STREET SUITE 203	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: CPA 1/6/04 407-843-1681  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #