


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000034417 1. Entity Name FISHER/MOEN, L.L.C.	
--	---

Principal Place of Business 1101 PERIWINKLE WAY, STE. 108 SANIBEL, FL 33957	Mailing Address 1101 PERIWINKLE WAY, STE. 108 SANIBEL, FL 33957
---	---

DO NOT WRITE IN THIS SPACE



03092005 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 54-2106278	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

MURTY, TIMOTHY J ESQ.
1633 PERIWINKLE WAY, STE. A
SANIBEL, FL 33957

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FISHER, JOSEPH 1101 PERIWINKLE WAY SUITE 108 SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOEN, MICHAEL S 604 LOCUST ST, SUITE 212 DES MOINES, IA 50309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000299771
04/11/05-80123-017 50.00

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 appointed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Joseph C. Fisher* 4/8/05 (239) 472-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #