2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 26, 2004 8:00 am
Secretary of State
08-13-2004 90001 047 ****50.00

DOCUMENT # L03000045548

1. Entity Name
BIANCO MOON, LLC

Principal Place of Business	Mailing Address
1437 WOLFE ST JAX FL 32205	1437 WOLFE ST JAX FL 32205

MOORE CR2E083 (4/04)

2. Principal Place of Business	3. Mailing Address
2766 Park Street	2766 Park Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Jacksonville Fl	Jacksonville, Fl
City & State	City & State
32205	32205
Zip: — Country: USA	Zip: — Country: USA

4. FEI Number 61-1460485 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BIANCO, CAROL 1437 WOLFE ST JAX FL 32205	Name: Thomas C. Santoro Street Address (P.O. Box Number is Not Acceptable): 1700 Wells Rd Suite 5 City: ORANGE PARK FL Zip Code: 32073

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] Thomas C. Santoro 7/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BIANCO, CAROL		NAME		
STREET ADDRESS	1437 WOLFE ST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32205		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Carol Bianco 08-21-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #