

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001051

**FILED**  
**Apr 13, 2005**  
**Secretary of State**

**Entity Name:** BLUE MOON DEVELOPMENT COMPANY, LLC

**Current Principal Place of Business:**

323 NAVARRE AVE., UNIT #108  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

235 ALTARA AVE.  
CORAL GABLES, FL 33146

**Current Mailing Address:**

323 NAVARRE AVE., UNIT #108  
CORAL GABLES, FL 33134

**New Mailing Address:**

235 ALTARA AVE.  
CORAL GABLES, FL 33146

FEI Number: 20-0640466

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OVADIA, SILVIA  
323 NAVARRE AVE., UNIT #108  
CORAL GABLES, FL 33134 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

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: VILLAR, PEDRO SR.  
Address: 323 NAVARRE AVE., UNIT #108  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: VILLAR, PEDRO JR.  
Address: 323 NAVARRE AVE., UNIT #108  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PEDRO VILLAR

MGRM

04/13/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date