
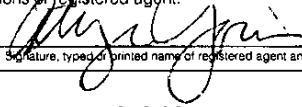

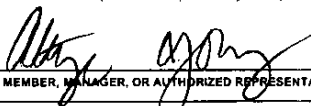


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90026 007 \*\*\*\*55.00

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DOCUMENT # L05000094186			
1. Entity Name MOMS ROCK ON LC			
Principal Place of Business 21121 PRESERVATION DRIVE LAND O'LAKES, FL 34639		Mailing Address 21121 PRESERVATION DRIVE LAND O'LAKES, FL 34639	
2. Principal Place of Business 1936 BRUCE B DOWNS BLVD Suite, Apt. #, etc. 315		3. Mailing Address 1936 BRUCE B DOWNS BLVD Suite, Apt. #, etc. 315	
City & State WESLEY CHAPEL, FL		City & State WESLEY, CHAPEL, FL	
Zip 33543		Country USA	
4. FEI Number 03-0570073		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent SAUNDERS, BASHI 21121 PRESERVATION DRIVE LAND O'LAKES, FL 34639		7. Name and Address of New Registered Agent Name: Atiya Young Street Address (P.O. Box Number is Not Acceptable): 1936 Bruce B Downs Blvd Suite 315 City: Wesley Chapel FL Zip Code: 33543	
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:  Atiya Young 3/10/06 <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAUNDERS, BASHI 21121 PRESERVATION DRIVE LAND O'LAKES, FL 34639 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG, ATIYA 19209 ROBIN PERCH LANE TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YOUNG, ATIYA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  		3/10/06 813-468-1337 <small>Date / Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			