## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000096639

1. Entity Name SOUTH MOON UNDER, LLC



FILED Mar 27, 2007 08:00 AM Secretary of State

Principal Place of Business

PO BOX 611 MICANOPY, FL 32667 Mailing Address

PO BOX 611 MICANOPY, FL 32667

DO NOT WRITE IN THIS SPACE

02262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For 20-3554974 Not Applicable

5. Certificate of Status Desired 5.00 Additional

6. Name and Address of Current Registered Agent

RUFFINO, FRANK 9050 NW 230TH STREET MICANOPY, FL 32667

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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 lamiliar 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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUFFINO, FRANK PO BOX 611 MICANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR RUFFINO, WINNY PO BOX 611 MICANOPY, FL 32667
THILE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREGG, MARK H PO BOX 324 MICANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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** 

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

22/57

MGR