

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114343

FILED  
May 02, 2007  
Secretary of State

Entity Name: FULLMOON INVESTMENTS "LLC"

**Current Principal Place of Business:**

2229 W. HOGAN HOLLOW RD.  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

2229 W. HOGAN HOLLOW RD.  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 03-0613064      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY, FL 32351      US

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/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SCHULER, DOUGLAS W  
Address: 2229 W. HOGAN HOLLOW RD.  
City-St-Zip: MARGATE, FL 33063

Title: MGR      ( ) Delete  
Name: SCHULER, NATHAN W  
Address: 2229 W. HOGAN HOLLOW RD.  
City-St-Zip: MARGATE, FL 33063

**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 exemption stated in Chapter 119, 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: DOUGLAS W. SCHULER

MGR

05/02/2007

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