2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M98000001428

1. Entity Name MOON DANCE, LLC



FILED Jan 20, 2004 08:00 AM Secretary of State

Principal Place of Business

3526 SPOTTSWOOD AVENUE MEMPHIS, TN 38111

Mailing Address

3526 SPOTTSWOOD AVENUE MEMPHIS, TN 38111



DO NOT WRITE IN THIS SPACE

01052004No Chg-LLC

CR2E083 (10/03

4. FEI Number 62-1636969

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOTSON, ALBERT E JR. 200 S. BISCAYNE, SUITE 2500 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

				IIV I	nio or/	ACE		
	named entity submits this statement for the purpose of char tions of registered agent.	nging its register	ed office or register	ed agent, or both	, in the State of Flori	da. I am famili	ar with, and accep	ıt
SIGNATURE_	Signature, typed or printed name of registered agent and little if applicable,	(NOTE, Registere	d Agent signature required	when reinstating)	<u> </u>	DATE ,		_
F!	iling Fee is \$50.00 ue by May 1, 2004					-		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBERS/MANAGERS MGRM SEELBINDER, OSCAR W JR. 283 TILTON MEMPHIS, TN 38111 MGRM RUBY AVENUE REALTY, LLC 1374 CORDOVA COVE #101			(U00000000 01/20/04-80(121 182-018 :	55.00	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	GERMANTOWN, TN 38138 MGRM ROBINSON, RICHARD 1317 HWY. 45 BYPASS JACKSON, MS 38305 MGRM MONTGOMERY, JOHN H 41 UNION AVE. MEMPHIS, TN 38103				NOT WI		, of q 2 - 2	
TITLE NAME								

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 accordance 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 pricrustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF REINTED NAME OF SIGNING MANAGING DE PER OF AUTHORIZED REDRESENTATO

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