


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90072 022 \*\*\*\*55.00

DOCUMENT # M98000001428

1. Entity Name  
 MOON DANCE, LLC



Principal Place of Business  
 3526 SPOTTSWOOD AVENUE  
 MEMPHIS, TN 38111

Mailing Address  
 3526 SPOTTSWOOD AVENUE  
 MEMPHIS, TN 38111

2. Principal Place of Business  
*5858 Ridgeway Cata Parkway*  
 Suite, Apt. #, etc.

3. Mailing Address  
*5858 Ridgeway Cata Parkway*  
 Suite, Apt. #, etc.

City & State  
*Memphis, TN*

City & State  
*Memphis, TN*

Zip  
*38120* Country  
*USA*

Zip  
*38120* Country  
*USA*



6. Name and Address of Current Registered Agent

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

4. FEI Number  
 62-1636969

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEELBINDER, OSCAR W JR. 283 TILTON MEMPHIS, TN 38111	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUBY AVENUE REALTY, LLC 1374 CORDOVA COVE #101 GERMANTOWN, TN 38138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBINSON, RICHARD 1317 HWY. 45 BYPASS JACKSON, MS 38305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTGOMERY, JOHN H 41 UNION AVE. MEMPHIS, TN 38103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *[Signature]* OSCAR SEELBINDER 1/31/06 901-327-7676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #