


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90003 009 \*\*\*143.75

**DOCUMENT # M98000001428**  
 1. Entity Name  
**MOON DANCE, LLC**



Principal Place of Business 5858 RIDGEWAY CENTER PKWY MEMPHIS, TN 38120	Mailing Address 5858 RIDGEWAY CENTER PKWY MEMPHIS, TN 38120
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**DO NOT WRITE IN THIS SPACE**

04162008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 62-1636969	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

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

**DO NOT WRITE IN THIS SPACE**

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:**  **Oscar Seelbinder** **4/16/2008** **901-327-7676**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #