


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90001 047 \*\*\*\*50.00

**DOCUMENT # L03000045548**

1. Entity Name  
**BIANCO MOON, LLC**



Principal Place of Business Mailing Address  
**1437 WOLFE ST** **1437 WOLFE ST**  
**JAX FL 32205** **JAX FL 32205**

2. Principal Place of Business 3. Mailing Address  
*2766 Park Street* *2766 Park Street*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
*Jacksonville, FL* *Jacksonville, FL*  
 City & State City & State  
*32205* *32205*  
 Zip Country Zip Country  
*USA* *USA*

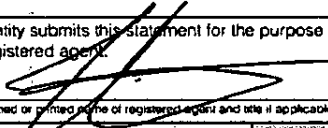


MOORE CR2E083 (4/04)

4. FEI Number **61-1460485** Applied For  Not Applicable   
 5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~BIANCO, CAROL~~  
~~1437 WOLFE ST~~  
~~JAX FL 32205~~

7. Name and Address of New Registered Agent  
 Name **THOMAS C. SANTORO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1700 Wells Rd Suite 5**  
 City **ORANGE PARK** FL Zip Code **32073**

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  **THOMAS C. SANTORO** DATE **7/27/04**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

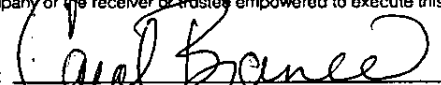
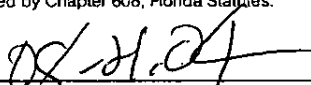
**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIANCO, CAROL 1437 WOLFE ST JACKSONVILLE FL 32205	<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
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

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 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:   Date **08-21-04** Daytime Phone #