

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000012783

1. Entity Name
MOE'S DNH PROPERTIES, LLC

Principal Place of Business
**232 SOUTH DILLARD ST.
WINTER GARDEN, FL 34787**

Mailing Address
**232 SOUTH DILLARD ST.
WINTER GARDEN, FL 34787**



03242005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0049133	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MILLER, SOUTH, MILHAUSEN & CARR, P.A.
2699 LEE ROAD SUITE 120
WINTER PARK, FL 32789**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DELISLE, STEVE
STREET ADDRESS	232 SOUTH DILLARD ST.
CITY-ST-ZIP	WINTER GARDEN, FL 34787

TITLE	MGR
NAME	NAGAO, DARRYL T
STREET ADDRESS	232 SOUTH DILLARD ST.
CITY-ST-ZIP	WINTER GARDEN, FL 34787

TITLE	MGR
NAME	HEIDGERKEN, JASON
STREET ADDRESS	232 SOUTH DILLARD ST.
CITY-ST-ZIP	WINTER GARDEN, FL 34787

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000350215
05/02/05-80096-009 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

STEVEN A. DELISLE 4/27/05 407-395-0001