

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072047

Entity Name: 1100 EAST MOODY LLC

FILED
Jul 05, 2006
Secretary of State

Current Principal Place of Business:

34 VAN DOREN AVENUE
SOMERSET, NJ 08873

New Principal Place of Business:

Current Mailing Address:

34 VAN DOREN AVENUE
SOMERSET, NJ 08873

New Mailing Address:

FEI Number: 20-1725839 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NOWELL, SIDNEY M
1100 E MOODY BLVD
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: QUINN, MARK L
Address: 34 VAN DOREN AVENUE
City-St-Zip: SOMERSET, NJ 08873

Title: MGRM () Delete
Name: QUINN, OLIVER B
Address: 201 PEMBERTON AVENUE
City-St-Zip: PLAINFIELD, NJ 07060

Title: MGRM () Delete
Name: NOWELL, SIDNEY M
Address: 1100 E MOODY BLVD
City-St-Zip: BUNNELL, FL 32110

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK L. QUINN

MGRM

07/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date