


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90439 050 \*\*\*\*50.00

<b>DOCUMENT # L04000072047</b>		
1. Entity Name 1100 EAST MOODY LLC		
Principal Place of Business 34 VAN DOREN AVENUE SOMERSET, NJ 08873		Mailing Address 34 VAN DOREN AVENUE SOMERSET, NJ 08873
2. Principal Place of Business - No P.O. Box # 1100 East Moody Blvd. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 819 Suite, Apt. #, etc.	
City & State Bunnell, FL	City & State Bunnell, FL	4. FEI Number 20-1725839
Zip 32110	Country USA	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NOWELL, SIDNEY M. 1100 E MOODY BLVD BUNNELL, FL 32110		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, 2007		Make check payable to Florida Department of State
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM QUINN, MARK L <input checked="" type="checkbox"/> Delete 34 VAN DOREN AVENUE SOMERSET, NJ 08873	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM QUINN, OLIVER B <input checked="" type="checkbox"/> Delete 201 PEMBERTON AVENUE PLAINFIELD, NJ 07060	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NOWELL, SIDNEY M <input type="checkbox"/> Delete 1100 E MOODY BLVD BUNNELL, FL 32110	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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: <i>Sidney M. Nowell</i>		Date: 3/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: 386-437-1668