


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 8:00 am**  
**Secretary of State**

01-10-2008 90019 034 \*\*\*138.75

|  |  |  |   |
|--|--|--|---|
| <b>DOCUMENT # L04000072047</b>   |  |   |   |
| 1. Entity Name<br>1100 EAST MOODY LLC  |  |  |   |
| Principal Place of Business<br>1100 EAST HOODY BLVD<br>BUNNELL, FL 32110   |  | Mailing Address<br>PO BOX 819<br>BUNNELL, FL 32110   |   |
| 2. Principal Place of Business - No P.O. Box #<br>1100 East Moody Blvd.  |  | 3. Mailing Address   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |
| City & State<br>Bunnell, FL  |  | City & State   |   |
| Zip<br>32110   | Country<br>USA                                   | Zip  | Country   |
| 6. Name and Address of Current Registered Agent<br><br>NOWELL, SIDNEY M<br>1100 E MOODY BLVD<br>BUNNELL, FL 32110  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>   |  |  |   |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  | <b>Make check payable to</b><br><b>Florida Department of State</b>   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  | <b>10. ADDITIONS/CHANGES</b>   |   |
| TITLE  | MGRM   | TITLE  |   |
| NAME   | NOWELL, SIDNEY M <input type="checkbox"/> Delete | NAME   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS   | 1100 E MOODY BLVD                                | STREET ADDRESS   |   |
| CITY-ST-ZIP  | BUNNELL, FL 32110                                | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete                  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |  | NAME   |   |
| STREET ADDRESS   |  | STREET ADDRESS   |   |
| CITY-ST-ZIP  |  | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete                  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |  | NAME   |   |
| STREET ADDRESS   |  | STREET ADDRESS   |   |
| CITY-ST-ZIP  |  | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete                  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |  | NAME   |   |
| STREET ADDRESS   |  | STREET ADDRESS   |   |
| CITY-ST-ZIP  |  | CITY-ST-ZIP  |   |
| TITLE  | <input type="checkbox"/> Delete                  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |  | NAME   |   |
| STREET ADDRESS   |  | STREET ADDRESS   |   |
| CITY-ST-ZIP  |  | 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: <i>1/7/2008</i>  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  | <small>Date</small>  |   |
|  |  | Daytime Phone #: <i>386-437-1668</i>   |   |

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01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1725839 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

FL Zip Code