

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90280 004 ****55.00

DOCUMENT # L00000008826

1. Entity Name
MOOSMANN SECURITIES, LLC



CORRECTION: 1515 RINGLING BLVD, 10th FLOOR

Principal Place of Business **SARASOTA, FLORIDA**
311 OSPREY POINT DRIVE
OSPREY, FL 34229

Mailing Address
544 VISTA GRANDE
NEWPORT BEACH, CA 92660

24014198



02162004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1028014	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FERGÉSON, JAMES O
1515 RINGLING BLVD., SUITE 1000
SARASOTA, FL 34236

**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: Margaret Gail Higgins / MARGARET GAIL M. HIGGINS / MANAGER 2-17-'04
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOOSMANN, ROBERT C 544 VISTA GRANDE NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOOSMANN HIGGINS, MARGARET GAIL 20 W. WEDGEWOOD GLEN THE WOODLANDS, TX 77381
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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: Margaret Gail Higgins / MARGARET GAIL M. HIGGINS / MGR 2-17-'04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #