

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000008826

1. Entity Name

MOOSMANN SECURITIES, LLC



Principal Place of Business

1515 RINGLING BLVD
10TH FLOOR
SARASOTA, FL 34236

Mailing Address

544 VISTA GRANDE
NEWPORT BEACH, CA 92660

DO NOT WRITE IN THIS SPACE



04182005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-1028014

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERGESON, 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

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	MOOSMANN, ROBERT C
STREET ADDRESS	544 VISTA GRANDE
CITY - ST - ZIP	NEWPORT BEACH, CA 92660
TITLE	MGR
NAME	MOOSMANN HIGGINS, MARGARET GAIL
STREET ADDRESS	20 W. WEDGEWOOD GLEN
CITY - ST - ZIP	THE WOODLANDS, TX 77381
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/25/05-80042-016 55.00

**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)(f), 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 606, Florida Statutes.

SIGNATURE:

Robert C. Moosmann, Co-Manager

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

4-18-05

Date

949-252-1200

Daytime Phone #

ROBERT C. MOOSMANN