2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L00000013654							Feb 04, 2004 08:00 AM				
1. Entity Name BAD MOON RISING, LLC		5					Secret	ary o	of State	e	
Principal Place of Business				Mailing Address							
500 S FLORIDA AVENUE				500 S FLORIDA AVENUE							
SUITE 800 LAKELAND FL 33801				SUITE 800 LAKELAND FL 33801							
2. Principal Place of Business			3. M	3. Mailing Address							
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				MOORE	CR2E08	3 (11/03)	,,
City & State			Ci	ity & State	,	4. FE! Numl	^{ber} 59-3690355	5	<u> </u>	plied For t Applicable	
Zip	Country		Zı	Zip Cour		try	5. Certificate of Status Desired \$5.00 Additional Fee Required			itional	
	6. Name	and Address of Current	ered Agent	Name	7. Name an	d Address of New R	legistered.	Agent			
CLARK, RONALD L 500 S FLORIDA AVENUE SUITE 800											
				,		Street Address (P.O. Box Number is Not Acceptable)					
LAKELAND FL 33801											
						City	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	9
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 TNOTE Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$50.00											
			orida Departme ay 1, 2004	nt of State							
9. MANAGING MEMBERS/MANAGERS 10.						., ,, 200-1	· ··\	ADDITIONS	CHANGES		
TITLE	MGRM Delete				TITLE	E	······································	7,007,10,10	0,0,0,0,0	Change	☐ Addition
NAME	CLARK, RONALD L				E	000000035589 02/06/04-80023-022 50.00					
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STREET ADDRESS CITY-ST-ZIP	ļ					ET ADDRESS '-ST-ZIP					
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TITLE	1		,	☐ Defete	าเกม	E				☐ Change	Addition
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CHY-ST-ZIP					CITY	-ST-ZIP					
11. I hereby	certify that the	e information supplied with rt is true and accurate and my or the receiver or typistee	this filir	ng does not qualify for	the exe	mption stated in Se	ection 119.07(3	3)(i), Florida Statutes.	I further ce	rtify that the in	nformation
limited lia	ability compa	ny or the receiver or traster	e empo	wered to execute this	report as	s required by Chap	ter 608, Florida	a Statutes.	aufaniania	ei oi manage	

FILED

863-647-5337

Date