

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000362

FILED  
Feb 21, 2006  
Secretary of State

**Entity Name:** THE LAW OFFICE OF TIM MORAN, L.C.

**Current Principal Place of Business:**

300 S. HYDE PARK AVE.,  
SUITE 150  
TAMPA, FL 33606

**New Principal Place of Business:**

569 LUZON AVENUE  
TAMPA, FL 33606 US

**Current Mailing Address:**

300 S. HYDE PARK AVE.,  
SUITE 150  
TAMPA, FL 33606

**New Mailing Address:**

P. O. BOX 3306  
TAMPA, FL 336063306 US

**FEI Number:** 59-3684800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORAN, TIM  
300 S. HYDE PARK AVE.  
SUITE 150  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

MORAN, TIM  
569 LUZON AVENUE  
TAMPA, FL 33606 US

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.

SIGNATURE: TIM MORAN

02/21/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MORAN, TIM  
Address: 300 S. HYDE PARK AVE., SUITE 150  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MORAN, TIM  
Address: 569 LUZON AVENUE  
City-St-Zip: TAMPA, FL 336063623

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIM MORAN

MGR

02/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date