

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005313

1. Entity Name

THE BLUE MOON COMPANY, LLC.



1082
FILED

2004 JAN 16 PM 12:57

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business 5742 HARBOURSIDE DRIVE TAMPA FL 33615	Mailing Address PO BOX 22272 TAMPA FL 33622
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **52-2312880** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent ZIEV, JON 5742 HARBOURSIDE DRIVE TAMPA FL 33615		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

6/23/03

FILE NOW!!! FEE IS \$50.00
100027099951
Make Check Payable to Florida Department of State
Due By September 24, 2003
**100.00

9. MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZIEV, JON POST OFFICE BOX 22265 TAMPA FL 33622	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
REINSTATEMENT <i>2003-04</i>			

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:

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

Date

Daytime Phone #

6-23-03

202

FILED

2004 JAN 16 PM 12: 57

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TO: Division of Corporation

Fax#:

Company: State of Florida

RE:

Date: January 8, 2004

Memo:

Dear Sirs;

This is the Blue Moon Company, I am sending two reports, one for 2003, and 2004. I have spoken with Jason at the number 850-245-6051.

I was surprised to hear that My company was listed inactive which I had mailed in report on June 23, 2003 with a money order.

He advised that I am to send a letter saying that I never received the revocation letter from Division of Corporation, so I am allowed to pay \$100 for both 2003 and 2004.

Anyway, the company has new addresses...

Old address:

Post Office Box 22272
Tampa, Florida 33622

New Address:

POB 692207
Orlando, Florida 32869

Thank you....


Jon Ziev

From the desk of. Jon Ziev
The Blue Moon Company, LLC
Post Office Box 692207
Orlando, Florida 32869
Fax: 407-264-2932
Email: bluemontampa@aol.com