


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90110 043 \*\*\*\*50.00

<b>DOCUMENT # L01000011537</b>					
<b>1. Entity Name</b> <b>MOE'S COLONIAL, LLC</b>					
<b>Principal Place of Business</b> 232 SOUTH DILLARD STREET WINTER GARDEN, FL 34787			<b>Mailing Address</b> 232 SOUTH DILLARD STREET WINTER GARDEN, FL 34787		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>59-3735749</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MILLER, SOUTH & MILHAUSEN, P.A. C/O JEFFREY P. MILHAUSEN, ESQ. 2699 LEE RD., STE. 120 WINTER PARK, FL 32789			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when appointing) _____ <b>DATE</b> _____ Signature, typed or printed name of registered agent and title if applicable.					
Make Check Payment to Florida Department of State Due By May 1, 2003					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> <b>DELISLE, STEVEN A</b> 232 SOUTH DILLARD STREET WINTER GARDEN, FL 34787		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			8-4-03 407-395-0001 Date Daytime Phone #		

CR2E083 (10/02)