


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000021503		
1. Entity Name MOOSE LODGE CONSULTING, LLC		
Principal Place of Business 5619 RIVERSIDE DR. CAPE CORAL, FL 33904		Mailing Address 5619 RIVERSIDE DR. CAPE CORAL, FL 33904
DO NOT WRITE IN THIS SPACE		
		
02032006 No Chg-LLC CR2E083 (11/05)		
4. FEI Number 38-3641955		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SWANN, K. MICHAEL 301 E. PINE ST, STE 1020 ORLANDO, FL 32801		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
000000441004 03/03/06-80018-017 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM RIEDEL, KENT E 5619 RIVERSIDE DR. CAPE CORAL, FL 33904	DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  2/15/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		