


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000001456 1. Entity Name BAD MOON RISING (TITLE), LLC	
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Principal Place of Business 500 SOUTH FLORIDA AVENUE, SUITE 800 LAKELAND, FL 33801	Mailing Address 500 SOUTH FLORIDA AVENUE, SUITE 800 LAKELAND, FL 33801
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01272005No Chg-LLC	CR2E083 (10/03)
4. FEI Number 03-0434171	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

CLARK, RONALD L
 500 SOUTH FLORIDA AVENUE, SUITE 800
 LAKELAND, FL 33801

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

000000206472
 02/01/05-80008-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, RONALD L 500 S. FLORIDA AVE, STE 800 LAKELAND, FL 33801
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Ronald L. Clark 1-27-05 863-647-5337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #