

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 29, 2009  
Secretary of State**

DOCUMENT# L02000001456

Entity Name: BAD MOON RISING (TITLE), LLC

**Current Principal Place of Business:**

500 SOUTH FLORIDA AVENUE, SUITE 800  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

500 SOUTH FLORIDA AVENUE, SUITE 800  
LAKELAND, FL 33801

**New Mailing Address:**

FEI Number: 03-0434171      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: CLARK, RONALD L  
Address: 500 S. FLORIDA AVE, STE 800  
City-St-Zip: LAKELAND, FL 33801

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RONALD L. CLARK

MGR

01/29/2009

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