


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Apr 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000003205</b>	
1. Entity Name <b>THE MOORE FAMILY LIMITED LIABILITY COMPANY</b>	

Principal Place of Business <b>1368 BROOKSIDE DR VENICE FL 34292</b>	Mailing Address <b>1368 BROOKSIDE DR VENICE FL 34292</b>
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1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>01-0614464</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MOORE, JOHN COLIN 1368 BROOKSIDE DR VENICE FL 34292</b>
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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
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**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>MOORE, JOHN C</b>
STREET ADDRESS	<b>1368 BROOKSIDE DR</b>
CITY-ST-ZIP	<b>VENICE FL 34292</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>MOORE, ARLENE</b>
STREET ADDRESS	<b>1368 BROOKSIDE DR</b>
CITY-ST-ZIP	<b>VENICE FL 34292</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>MGRM</b>
STREET ADDRESS	<b>MOORE, JOHN C</b>
CITY-ST-ZIP	<b>1368 BROOKSIDE DR</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>U000000299615</b>
STREET ADDRESS	<b>04/11/05-80115-018 50.00</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: <i>John Colin Moore</i>	<b>John Colin Moore</b>	<b>4/8/05</b>	<b>(941) 362-360</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #