

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000023824

1. Entity Name
MOORE BASS LEASING, L.L.C.



Principal Place of Business
**902 NORTH GADSDEN STREET
TALLAHASSEE, FL 32301**

Mailing Address
**902 NORTH GADSDEN STREET
TALLAHASSEE, FL 32301**

DO NOT WRITE IN THIS SPACE



01292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
54-2072615

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOLDBERG, STUART E ESQ.
2039 CENTRE POINTE BOULEVARD, SUITE 201
TALLAHASSEE, FL 32308**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000089996
03/16/04-80012-021 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BASS, KAREN K
902 NORTH GADSDEN STREET
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MOORE, RICHARD A
902 NORTH GADSDEN STREET
TALLAHASSEE, FL 32301**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-11-04

Date

850-222-5678

Daytime Phone #