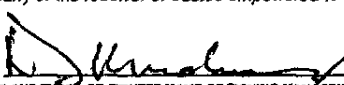


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 03, 2005 08:00 AM
Secretary of State**

DOCUMENT # L02000027031 1. Entity Name MOLDY HOLDINGS, LLC.			
Principal Place of Business 1130 SOUTH POWERLINE RD SUITE 101 DEERFIELD BEACH, FL 33442 US		Mailing Address 1130 SOUTH POWERLINE RD SUITE 101 DEERFIELD BEACH, FL 33442 US	
DO NOT WRITE IN THIS SPACE		01072005No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 74-3064397 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 MOLONEY, DENNIS 20791 BOCA RIDGE DRIVE BOCA RATON, FL 33428		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 reissuing).) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOLONEY, DENNIS 20791 BOCA RIDGE DR BOCA RATON, FL 33428		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POKORNY, RALPH 159 OREGON LN BOCA RATON, FL 33487		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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)(i), 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:  DENNIS MOLONEY		2-1-05 954-570-7670	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	