

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000028097

**FILED**  
**Feb 08, 2007**  
**Secretary of State**

**Entity Name:** MOORMAN PINE PLANTATIONS, LLC

**Current Principal Place of Business:**

PO BOX 386  
PLYMOUTH, NC 27962

**New Principal Place of Business:**

539 WASHINGTON STREET  
PLYMOUTH, NC 27962

**Current Mailing Address:**

PO BOX 386  
PLYMOUTH, NC 27962

**New Mailing Address:**

**FEI Number:** 26-1584080

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HALPERIN, ELEANOR B ESQ.  
1400 CENTREPARK BLVD., SUITE 1000  
WEST PALM BEACH, FL 33401 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: MGRM ( ) Delete  
Name: MOORMAN, CLAUDE T II  
Address: PO BOX 386  
City-St-Zip: PLYMOUTH, NC 27962

**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 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: CLAUDE T MOORMAN II

MGRM

02/08/2007

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