

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029075

Entity Name: MOE'S BEACH, L.L.C.

FILED  
Apr 07, 2006  
Secretary of State

**Current Principal Place of Business:**

268 WATER'S EDGE DRIVE SOUTH  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

450-106 STATE ROAD 13 NORTH, #137  
JACKSONVILLE, FL 32259 US

**Current Mailing Address:**

268 WATER'S EDGE DRIVE SOUTH  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

450-106 STATE ROAD 13 NORTH, #137  
JACKSONVILLE, FL 32259 US

FEI Number: 57-1137245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHASTEEN, BRAD  
450-106 STATE ROAD 13 NORTH, SUITE 137  
JACKSONVILLE, FL 32259 US

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

CHASTEEN, BRAD K MR  
450-106 STATE ROAD 13 NORTH, # 137  
JACKSONVILLE, FL 32259 US

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: BRAD K CHASTEEN

04/07/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GORDON, JON  
Address: 268 WATER'S EDGE DRIVE SOUTH  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CHASTEEN, BRAD K MR.  
Address: 450-106 STATE ROAD 13 NORTH, #137  
City-St-Zip: JACKSONVILLE, FL 32259 US

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: BRAD K CHASTEEN

MGRM

04/07/2006

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