2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030281

Entity Name: MOONGLOW, LLC

Address:

City-St-Zip:

FILED Jan 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 140 ARVIDA PARKWAY CORAL GABLES, FL 33156 **Current Mailing Address: New Mailing Address:** 140 ARVIDA PARKWAY CORAL GABLES, FL 33156 FEI Number: 56-2291354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SACHER, CHARLES P 2655 LEJEUNE ROAD **SUITE 1101** CORAL GABLES, FL 33134 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete Name: BASTIAN, MARY J Name: Address: 140 ARVIDA PARKWAY Address: City-St-Zip: CORAL GABLES, FL 33156 City-St-Zip: Title: Title: MGR () Change (X) Addition () Delete Name: Name: BASTIAN, RAPHAEL M Address: Address: 12715 SW 62ND AVE City-St-Zip: City-St-Zip: PINECREST, FL 33156 Title: () Delete Title: MGR () Change (X) Addition BASTIAN, BARTHOLOMEW B Name: Name:

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.

Address:

City-St-Zip:

6393 SW 145TH STREET

CORAL GABLES, FL 33158

SIGNATURE: RAPHAEL M. BASTIAN MGR 01/26/2007