

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90144 034 ****55.00

DOCUMENT # L03000001196



1. Entity Name
MOORE FAMILY, LLC

Principal Place of Business
**2601 S. BAYSHORE DRIVE
COCONUT GROVE, FL 33133**

Mailing Address
**2601 S. BAYSHORE DRIVE
COCONUT GROVE, FL 33133**

14027067



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07232004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
555-33-8058

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAATTAMA, HENRY H ESQ.
C/O AKERMAN SENTERFITT
ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR
MIAMI, FL 33131**

Name
TIMOTHY C. MOORE
Street Address (P.O. Box Number is Not Acceptable) **#2040**
2601 S. Bayshore Drive
City **Coconut grove, fl.** **FL** Zip Code **33133**

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

Timothy C. Moore

7/23/04

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 September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER MEMBER
NATHAN A. MOORE
2601 S. BAYSHORE DRIVE #2040
COCONUT GROVE, FL. 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
NATHAN A. MOORE
2601 S. BAYSHORE DRIVE #2040
COCONUT GROVE, FL. 33133

TITLE
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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:

Nathan A. Moore

7/23/2004

(305)860 2317

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

Date

Daytime Phone #