2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000008005

1. Entity Name MOON BEAM, LLC



FILED Jan 18, 2007 08:00 AM Secretary of State

Principal Place of Business

17529 MIDDLEBROOK WAY BOCA RATON, FL 33496

Mailing Address

17529 MIDDLEBROOK WAY BOCA RATON, FL 33496



01142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
NOT APPLICABLE	Γ	Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRASSANO, ALAN R 17529 MIDDLEBROOK WAY BOCA RATON, FL 33496

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE

	•	IN	THIS SPACE
	named entity submits this statement for the purpose of changions of registered agent.	t ging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when roinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2007	•	the control of the co
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRASSANDO, ALAN R 17529 MIDDLEBROOK WAY BOCA RATON, FL 33496		U00000591494 01/19/07-80026-001 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			01/19/07-80026-001 50.00
TITLE NAME STREET ADDRESS CITY- ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TITLE		· · · · · · · · · · · · · · · · · · ·	

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this paper 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.

ALAN GRASSANO

Member

561-218-0238

SIGNATURE ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, CHAUTHORIZED REPRESENTATIVE

Daytime Phone #