2008 LIMITED LIABILITY COMPANY

Jan 25, 2008 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # L03000008005 01-25-2008 90085 018 ***138.75 1. Entity Name MOON BEAM, LLC Principal Place of Business Mailing Address 17529 MIDDLEBROOK WAY 17529 MIDDLEBROOK WAY 60003759 BOCA RATON, FL 33496 BOCA RATON, FL 33496 01212008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEf Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRASSANO, ALAN R DO NOT WRITE 17529 MIDDLEBROOK WAY BOCA RATON, FL 33496 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and true if applicable. (NOTE: Fied stered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGRM TITLE GRASSANDO, ALAN R NAME 17529 MIDDLEBROOK WAY STREET ADORESS CITY-ST-ZIP BOCA RATON, FL 33496 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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 G MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP TITLE NAME STREET ADDRESS

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