


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90147 020 \*\*\*\*50.00

<b>DOCUMENT # L03000010107</b> 1. Entity Name <b>MOSS PARK INVESTMENTS, LLC</b>					
Principal Place of Business <b>1105 KENSINGTON PARK DR. ALTAMONTE SPRINGS, FL 32714</b>			Mailing Address <b>1105 KENSINGTON PARK DR. ALTAMONTE SPRINGS, FL 32714</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>03182004</b> Chg-LLC <b>CR2E083 (10/03)</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LOWNDES, JOHN F 215 NORTH EOLA DR. ORLANDO, FL 32801</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
<b>TITLE MGRM THE GREATER CONSTRUCTION CORP.</b> <b>NAME 1105 Kensington Park Drive</b> <b>STREET ADDRESS Altamonte Springs, Fl. 32714</b> <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>THE GREATER CONSTRUCTION CORP., a Florida corporation</b>					
SIGNATURE:  SIGNATURE AND OFFICE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>4/22/04</b> Daytime Phone # <b>407-869-0200</b>		