2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 12, 2005 8:00 am Secretary of State

DOCUMENT # L03000010107 1. Entity Name MOSS PARK INVESTMENTS, LLC					04-12-2005 90020 023 ****50.00				
Principal Place of Business 1105 KENSINGTON PARK DR. ALTAMONTE SPRINGS, FL 32714		Mailing Address 1105 KENSINGTON PARK DR. ALTAMONTE SPRINGS, FL 32714				1	///C2UU2		
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02232005	Chg-LLC	CR2E083 (10/0	3)	
City & State		City & State			4. FEI Numbe			Applied For	
Zip	Country	Zip	Country		-	of Status Desired		Not Applicable Additional	
	6. Name and Address of Current R	legistered Agent					Registered Agent	Jired	
			Name						
LOWNDES, JOHN F 215 NORTH EOLA DR.			Street	Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO), FL 32801								
			City				FL Zip C	Code	
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office of	or registere	ed agent, or bot	h, in the State of	Florida. I am familiar w	ith, and accept	
SIGNATURE .	iona or regional as again.								
SIGNATORE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: I	Registered Agent signs	ture required	when reinstating)		DATE		
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9.	lling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER		10.			Flori	ake check payable t		
9.	MANAGING MEMBER	IS/MANAGERS	10.			Flori	ake check payable t ida Department of S	tate	
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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 10e 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 flustee empowered in execute this report as required by Chapter 608, Florida Statutes.

4078690300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date