


**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

4/20

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

04-20-2004 90189 031 \*\*\*\*50.00

<b>DOCUMENT # L03000012631</b>			
<b>1. Entity Name</b> PAMELA S. MOODY, LLC			
<b>Principal Place of Business</b> 777 S. FLAGLER DRIVE, SUITE 300E C/O GARY DUNKEL WEST PALM BEACH, FL 33401		<b>Mailing Address</b> 777 S. FLAGLER DRIVE, SUITE 300E C/O GARY DUNKEL WEST PALM BEACH, FL 33401	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03292004 Chg-LLC CR2E083 (10/03)	
		4. FEI Number <b>20-0010672</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
DUNKEL, GARY M. 777 S. FLAGLER DRIVE, SUITE 300E WEST PALM BEACH, FL 33401		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004.		Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS (MANAGERS)</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Pamela S. Moody C/O Gary Dunkel 777 S. Flagler Dr Suite 300E West Palm Beach, FL 33401</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Member</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Owner</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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.			
<b>SIGNATURE</b> <i>Gary M. Dunkel</i>		<i>4/16/04 561-650-7489</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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