

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90037 042 ****50.00


60032187



03282007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0010672	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DOCUMENT # L03000012631
1. Entity Name
PAMELA S. MOODY, LLC



Principal Place of Business 777 S. FLAGLER DRIVE, SUITE 300E C/O GARY DUNKEL WEST PALM BEACH, FL 33401	Mailing Address 777 S. FLAGLER DRIVE, SUITE 300E C/O GARY DUNKEL WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DUNKEL, GARY M
777 S. FLAGLER DRIVE, SUITE 300E
WEST PALM BEACH, FL 33401

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOODY, PAMELA S % GARY DUNKEL, 777 S. FLAGER DR #300E WEST PALM BEACH, FL 33401
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**DO NOT WRITE
IN THIS SPACE**

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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4/2/07

561-650-7900

D319

Daytime Phone #