2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90038 034 ****50.00

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DOCUMENT # L03000018942

1. Entity Name
BLUE MOON DESIGN GROUP LLC

Principal Place of Business	Mailing Address
P.O. BOX 6173 DELRAY BEACH, FL 33482	P.O. BOX 6173 DELRAY BEACH, FL 33482

2. Principal Place of Business		3. Mailing Address	
211 Via D'Este		211 Via D'Este	
Suite, Apt. #, etc. #2005		Suite, Apt. #, etc. #2005	
City & State DElRAY BEACH, FL		City & State DElRAY BEACH, FL.	
Zip 33445	Country USA	Zip 33445	Country USA

03032005 Chg-LLC CR2E083 (10/03)

4. FEI Number 57-1164055 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAMSAY, STEPHEN 6503 NORTH MILITARY TRAIL #4609 BOCA RATON, FL 33496	Name STEPHEN RAMSAY Street Address (P.O. Box Number is Not Acceptable) 211 Via D'Este #2005 City DElRAY BEACH FL Zip Code 33445

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 [signature] 21 April 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MININGHAM, DORI PO BOX 6173 DELRAY BEACH, FL 33482	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DORI MININGHAM 211 Via D'ESTEE #2005 DElRAY BEACH, FL. 33445	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMSAY, PO BOX 6173 DELRAY BEACH, FL 33482	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHEN, Ramsay 211 VIA D'ESTE, #2005 DElRAY BEACH, FL. 33445	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: [signature] 21 April 2005 561 441 9409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #