

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90233 010 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

34009632



|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # L03000020633</b>  |   |   |   |
| 1. Entity Name<br>MOORE HOLDINGS, LLC   |   |   |   |
| Principal Place of Business<br>507 S.E. 11TH COURT<br>FT. LAUDERDALE, FL 33316  |   | Mailing Address<br>507 S.E. 11TH COURT<br>FT. LAUDERDALE, FL 33316                |   |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |
| City & State  |   | City & State  |   |
| Zip   | Country   | Zip   | Country   |
| 06302004  |   | Chg-LLC CR2E083 (10/03)   |   |
| 4. FEI Number<br><i>06-1706502</i>  |   | Applied For<br>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                                       |   |
| STYLES, MICHAEL J<br>507 S.E. 11TH COURT<br>FT. LAUDERDALE, FL 33316  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL 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: <i>[Signature]</i>   |   | DATE  |   |
| Filing Fee is \$50.00<br>Due by September 8, 2004   |   | Make check payable to<br>Florida Department of State                              |   |
| 9. MANAGING MEMBERS/MANAGERS  |   | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>MOORE, EVELYN<br>507 S.E. 11TH COURT<br>FT. LAUDERDALE, FL 33316 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |   |   |
| SIGNATURE: <i>[Signature]</i>   |   | Date: <i>July 14, 2004</i>  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   | Daytime Phone #   |   |