

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020945

FILED
Apr 30, 2004
Secretary of State

Entity Name: MOONRAKER DEVELOPMENT LLC

Current Principal Place of Business:

1532 SE VILLAGE GREEN DR., UNIT C
PORT ST LUCIE, FL 34952

New Principal Place of Business:

9403 S INDIAN RIVER DRIVE
FORT PIERCE, FL 34982

Current Mailing Address:

1532 SE VILLAGE GREEN DR., UNIT C
PORT ST LUCIE, FL 34952

New Mailing Address:

9403 S INDIAN RIVER DRIVE
FORT PIERCE, FL 34982

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOROZIUK-ROTHER, JILLIAN
1529 SE ROYAL GREEN CIR, APT. S204
PORT ST LUCIE, FL 34952 US

Name and Address of New Registered Agent:

MOROZIUK-ROTHER, JILL J MEMBER
1529 SE ROYAL GREEN CIR, APT. S204
PORT ST LUCIE, FL 34952 US

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.

SIGNATURE: JILL MOROZIUK-ROTHER

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CHLADNY, RAYMOND
Address: 13525 S INDIAN RIVER DR, APT 103
City-St-Zip: JENSEN BEACH, FL 34957

Title: MGRM () Delete
Name: GILMAN, CHARLES A
Address: 1847 SE PORT ST LUCIE BLVD
City-St-Zip: PORT ST LUCIE, FL 34952

Title: MGRM () Delete
Name: ROTHE, ROBERT W
Address: 1529 SE ROYAL GREEN CIR, S204
City-St-Zip: PORT ST LUCIE, FL 34952

Title: MGRM (X) Delete
Name: CULP, JAMES W
Address: 13236 SHORE DR
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHLADNY, RAYMOND
Address: 4540 NE SANDPEBBLE TRACE # 306
City-St-Zip: STUART, FL 34996

Title: MGR (X) Change () Addition
Name: GILMAN, CHARLES A
Address: 1847 SE PORT ST LUCIE BLVD
City-St-Zip: PORT ST LUCIE, FL 34952

Title: MGR (X) Change () Addition
Name: MOROZIUK-ROTHER, JILL J
Address: 1529 SE ROYAL GREEN CIR, S204
City-St-Zip: PORT ST LUCIE, FL 34952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RAYMOND CHLADNY

MGRM

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date