
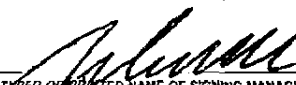


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000033175		
1. Entity Name MOONTIDE PLAZA, LLC		
Principal Place of Business 22658 OVERSEAS HWY CUDJOE KEY, FL 33042	Mailing Address 22658 OVERSEAS HWY CUDJOE KEY, FL 33042	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BELL, DOUGLAS 931 LAGOON DRIVE SUMMERLAND KEY, FL 33050		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 _____ <small>Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reissuing)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
8. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELL, DOUGLAS 931 LAGOON DRIVE SUMMERLAND KEY, FL 33050	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>3/21/06</u> Daytime Phone # <u>3057449890</u>



03062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1202870

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

100000479004
04/08/06-80027-016 150.00