



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 01, 2005 8:00 am**  
**Secretary of State**

06-01-2005 90102 014 \*\*\*\*50.00

<b>DOCUMENT # L03000045548</b> 1. Entity Name <b>BIANCO MOON, LLC</b>																					
Principal Place of Business <b>2766 PARK STREET JACKSONVILLE FL 32205</b>		Mailing Address <del>2766 PARK STREET</del> <b>JACKSONVILLE FL 32205</b>																			
2. Principal Place of Business Suite, Apt. #, etc. <i>Same</i> City & State		<div style="text-align: center;">           1st MOORE CR2E083 (10/04)       </div>																			
Zip Country Zip Country <div style="display: flex; justify-content: space-between;"> <div>           Zip Country            City State         </div> <div> <b>Carol Blanco</b>  <b>6191 Lake Laguna Dr.</b>  <b>Jacksonville, FL 32256</b>  <b>BIANCO MOON, LLC</b> </div> </div>		FEI Number <b>61-1460485</b> Applied For Not Applicable																			
6. Name and Address of Current Registered Agent <b>SANTORO, THOMAS C</b> <b>1700 WELLS RD SUITE 5</b> <b>ORANGE PARK FL 32073</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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> (NOTE: Registered Agent signature required when reinstating) DATE <b>5.24.05</b>																					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>																					
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>MGR</b>  <b>BIANCO, CAROL</b>  <b>Carol Blanco</b>  <b>6191 Lake Laguna Dr.</b>  <b>Jacksonville, FL 32256</b>  <b>BIANCO MOON, LLC</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>BIANCO, CAROL</b> <b>Carol Blanco</b> <b>6191 Lake Laguna Dr.</b> <b>Jacksonville, FL 32256</b> <b>BIANCO MOON, LLC</b>		<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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>Carol Blanco</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <b>5/24/05</b> Daytime Phone #																			