

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000045665 1. Entity Name THE WOODS OF MOCCASIN WALLOW, LLC	
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Principal Place of Business 10 E. PALISADES AVE. ENGLEWOOD, NJ 07631	Mailing Address 10 E. PALISADES AVE. ENGLEWOOD, NJ 07631
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DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 74-3109472	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**HEINLE, RICHARD A ESQ
POHL & SHORE, P.A.
280 W. CANTON AVE., STE. 410
WINTER PARK, FL 32789**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHMALO, NATHAN 10 E. PALISADES AVE. ENGLEWOOD, NJ 07631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISH, FRED 10 E. PALISADES AVE. ENGLEWOOD, NJ 07631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZIRKELBACH, ALLAN 10 E. PALISADES AVE. ENGLEWOOD, NJ 07631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/02/05-80091-019 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

_____ Date _____ Daytime Phone # _____