2004 LIMITED LIABILITY COMPANY

Apr 12, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L03000049903 04-12-2004 90025 009 ****50.00 H. DÁN MOORE, JR., LLC 1, Principal Place of Business Mailing Address 24039742 230 ELDORADO DR 230 ELDORADO DR DEBARY, FL 32713 DEBARY, FL 32713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052004 CR2E083 (10/03) City & State 4. FEI Number 65 - 0856/85 City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORE, H D JR Street Address (P.O. Box Number is Not Acceptable) 230 ELDORADO DR DEBARY, FL 32713 City 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. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR 7.7Na 7.7Ns ☐ dArse ☐ fwwRnRgs MOORE, HD JR lfta 230 ELDORADO DR 2738876fmer# 273ea76fm#25 d.70x27u45 DEBARY, FL 32713 d.702745 ☐ me en 7.7Na 7.7Na ∏ dArse ☐ fwwRnRgs 273aa76fme98 273aa76fm#93 d.70.27u45 d700745 7.7Na ☐ me en 7.7Na ☐ dArsoe ☐ fwwRnRgs ifta 273aa76fmer29 273aa76fme/8 d.70.27.45 d.70.27JA5 ☐ me en 7.7Na ☐ dArse ☐ fwwRnRgs ifta ifts 273aa76fma93 273aa76fmm8 d.70.2745 d.70127145 7.7Na 🗀 me en 7.7Na □ d∆ree ∏ fwwRnRos ifta 273aa76fmed8 273aa76fmm85 d.70127tA5 d.70.27.45 7.7Na ☐ me en 7.7Na ☐ dArse ☐ fwwRnRas ifta 273aa76fmei22 273aa76fmaf8 d.70L27L4.5

11. I hereby certify that the information supplied with this filling 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #