2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

	ANNUAL F	REPORT (AR)	-		FIL	ED	
DOCUMENT # L03000052934 1. Entity Name *					Apr 28, 2005 08:00 AM Secretary of State		
DONALD	G. MOORE, LLC				Secretar	y of State	
Principal Plac	ce of Business	Mailing Address	Mailing Address		-		
426 TULIP DRIVE FRUITLAND PARK FL 34731 US		426 TULIP DRIVE FRUITLAND PARK FL 34731 US					
2. Principal Place of Business		3. Mailing Address				ANIII ANINI NIIIN IININ IN333 (JIII	B(BBB)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E083 (10/04)	•	
City & State		City & State		4. FEI Number 43-2037762	<u>' </u>	Applied For Not Applicat	
Zip	Country	Zip	Country		5. Certificate of Status Desired	□ \$5.00 A Fee Requi	
6. Name and Address of Current Registered Agent				lame	7. Name and Address of New Re	egistered Agent	
FLETCHER, AMY 13596 CR 109 G-1			S	Street Address (P.O. Box Number is Not Acceptable)	
LADY LAKE FL 32159							
				City		FL Zip Co	ode
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered o	office or register	red agent, or both, in the State of Flo	rîda. I am familiar wit	h, and accer
SIGNATURE	Signatura, typed or printed name of registered agent	and title if applicable (NOTE	Registered Age	ent signature required	d when reinstating)	DATE	 .
		FILE NO	W!!! FE	E IS \$50.00			
·		Make Check Payable Due	e to Florid By May 1		nt of State		
9.	MANAGING MEMBI		10.	,	ADDITIONS/	CHANGES	
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NAME		<i>Data</i>	NAME			பண்டும்	
STREET ADDRESS CITY-ST-782			STREET AD	i			
11. I hereby o	certify that the information supplied with	this filing does not qualify for	the exempti	on stated in Se	ction 119.07(3)(i), Florida Statutes	further certify that the	information
indicated	on this report is true and accurate and bility company or the receiver or truste	I that my signature shall have th	he same leg	al effect as if m	iade under oath, that I am a managi	ng member or manag	ger of the

SIGNATURE: Down 35 M ore Down & More Mone 4-25-2005 (352)435-000.

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

Date Descriptions #