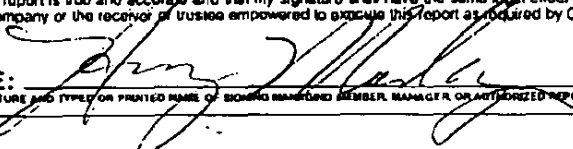


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

03-30-2007 90040 013 ****50.00

DOCUMENT # L04000006441			
1. Entity Name HENRY MOSELEY L.L.C.			
Principal Place of Business P.O. BOX 848 WACISSA FL 32361		Mailing Address P.O. BOX 848 WACISSA FL 32361	
2. Principal Place of Business - No P.O. Box # 11 Bramlett Rd Sullo, Apt. #, etc.		3. Mailing Address P.O. Box 848 Sullo, Apt. #, etc.	
City & State Montacello FL		City & State Wacissa FL	
Zip 32344	Country Jefferson	Zip 32361	Country Jefferson
5. Name and Address of Current Registered Agent MOSELEY, HENRY 1687 UPPER CODY RD MONTICELLO FL 32344		4. FEI Number 59-3162773	
		Applied For Not Applicable	
6. Name and Address of New Registered Agent		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
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		DATE	
SIGNATURE, typed or printed name of registered agent who signs if applicable		(NOTE: For 2007, Agent's signature required when not mailing)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM MOSELEY, HENRY 1687 UPPER CODY RD MONTICELLO FL 32344	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Manager MGRM Henry Moseley 11 Bramlett Rd Montacello FL 32344
	☐ Delete		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
	☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
	☐ Delete		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		Date: 5-5-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date/Time Phone #	