


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

| | | |
|---|---|---|
| DOCUMENT # L04000009796 1. Entity Name POLYMOON INVESTMENTS, LLC | |  |
| Principal Place of Business 19706 MORDEN BLUSH DR LUTZ, FL 33558 | Mailing Address 19706 MORDEN BLUSH DR LUTZ, FL 33558 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent JENKINS, ANDREW T ESQ 220 S FRANKLIN ST TAMPA, FL 33602 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ROSEN, JERRY R. 19706 MORDEN BLUSH DRIVE LUTZ, FL 33558 | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ROSEN, MAXINE S. 19706 MORDEN BLUSH DRIVE LUTZ, FL 33558 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |



03012006 No Chg-LLC

CR2E083 (11/05)

| | |
|--|-----------------------------------|
| 4. FEI Number 20-0702727 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

000000455973
03/16/06-80012-001 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **JERRY R. ROSEN** **3/1/06** **813-920-0435**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #