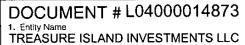
## **2005 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**





**FILED** 

Jul 05, 2005 8:00 am Secretary of State

07-05-2005 90001 010 \*\*\*\*50.00

						3												
Principal Place of Business			Mailing Address				MOOGITAL											
14544 BRADDOCK OAK Orlando, Fl. 32837			14544 BRADDOCK OAK Orlando, Fl 32837			İ												
											n <b>10</b> 1			<u> </u>		EN 18 1881		
2. Principal P	lace of Busin	ness	3. Mailing Address															
Suite, Apt. #, etc.			Suite, Apt. #, etc.				06292005	C	Chg-	-LLC		CF	R2E0	83 (10/	03)			
City & State			City & State				4. FEI Numb	oer	08	364	16	79	,	-	-+	olied For Applicable		
Zip	p Country		Zip	Zip Count			5. Certificate							\$5.00 Fee Rec				
	6. Name	and Address of Current	Registered Agent	'		'	7. Name and	d Add	dres	s of N	ew R	egiste	ered /	Agent				
NASSIF, THERESA						Name												
14544 BRA	ADDOCK	OAK	Street Address			dress (F	(P.O. Box Number is Not Acceptable)											
OND WIDO, 12 02007							<u></u>											
													FL	•   `	Code			
8. The above the obligat	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 .	Signature, typed	d or printed name of registered agent	and title if applicable. (NOTI	E: Registere	d Agent signature	required	when reinstating)						ATE					
- ·																		
Filing Fee is \$50.00 Due by September 7, 2005							Make check payable to Florida Department of State											
9.		MANAGING MEMBE	ERS/MANAGERS	10.				<u>.                                    </u>	. A	DDITK	ONS/	CHAN	4GES					
TITLE	MGR		☐ Delete	☐ Delete TITU										☐ Cha	nge	☐ Addition		
NAME STREET ADDRESS	NASSIF, THERESA				NAME STREET ADDRESS													
CITY-ST-ZIP	14544 BRADDOCK OAK ORLANDO, FL 32837				-ST-ZIP													
TITLE			☐ Delete	☐ Delete TITL										☐ Cha	nge	Addition		
NAME	ores				NAME CTOSET + PRESSO													
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP													
THTLE			☐ Delete	TITLI										☐ Cha	nae	Addition		
NAME				MAM	ε													
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TITLE		·	☐ Delete	TITLI	<del></del>		<del></del> .					—		☐ Cha		Addition		
NAME			☐ Delete	NAM	I .										nyc	L.J Addition		
STREET ADDRESS					EET ADDRESS													
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STREET ADDRESS					ET ADDRESS													
CITY-ST-ZIP				CITY	-ST-ZIP													
TITLE			Delete	TITU	I									☐ Cha	nge	☐ Addition		
NAME STREET ADDRESS	1			MAM	ET ADDRESS													
CITY-ST-ZIP					-\$1-7IP													

11. I hereby certify that the information supplied with this filing 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 limited liability company or tipe eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

OR PRINTED NAME OF SIGNING MANAGING MENBER, MANAGER, OR AUTHORIZED REPRESENTATIVE