

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 SEP 14 AM 10:00

<b>DOCUMENT # L04000029120</b> 1. Entity Name <b>MOORE HAVEN ESTATES, LLC</b>					
Principal Place of Business <b>1896 PALM BEACH LAKES BLVD. 202 WEST PALM BEACH, FL 33409 US</b>			Mailing Address <b>1896 PALM BEACH LAKES BLVD. 202 WEST PALM BEACH, FL 33409 US</b>		
2. Principal Place of Business <b>6901 Okeechobee Blvd</b>		3. Mailing Address <b>6901 Okeechobee Blvd.</b>			
Suite, Apt. #, etc. <b>D-7</b>		Suite, Apt. #, etc. <b>D-7</b>		08012006 Chg-LLC CR2E083 (11/05)	
City & State <b>West Palm Beach, FL</b>		City & State <b>West Palm Beach, FL</b>		4. FEI Number <b>20-1001674</b>	
Zip <b>33411</b>		Country <b>Palm Beach</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRAMS, DANIEL J 1645 PALM BEACH LAKES BLVD. 1050 WEST PALM BEACH, FL 33401</b>				7. Name and Address of New Registered Agent Name <b>Jake Rus</b> Street Address (P.O. Box Number is Not Acceptable) <b>6901 Okeechobee Blvd #D-7</b> City <b>West Palm Beach</b> FL Zip Code <b>33411</b>	
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 <b>Jake Rus MGRM</b> DATE <b>9/1/06</b> <small>Signature, typed or printed name of registered agent and L.L.C. (Applicable). (NOTE: Registered Agent signature required when reconstituting)</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BUS, JAKE 11380 PROSPERTY FARMS RD. # 215 PALM BEACH GARDENS, FL 33410</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Rus, Jake 6901 Okeechobee Blvd. #D-7 West Palm Beach, FL 33411</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>Jake Rus MGRM</b>			Date <b>9/1/06</b> 561-753-1525		