

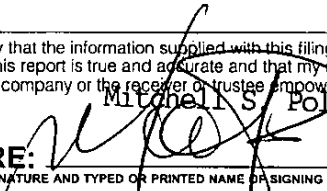


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000032141 1. Entity Name MOODY DEVELOPMENT COMPANY LLC						FILED 06 MAY -8 PM 1:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133				Mailing Address 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133			
2. Principal Place of Business 8429 Forest Hills Drive		3. Mailing Address c/o Jacqueline M. Moody, PA 8429 Forest Hills Drive					
Suite, Apt. #, etc. Suite 304		Suite, Apt. #, etc. Suite 304		04262006 Chg-LLC CR2E083 (11/05)		4. FEI Number 20-1081997	
City & State Coral Springs, FL		City & State Coral Springs, FL		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33065		Country USA		Zip 33065		Country USA	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
POLANSKY, MITCHELL S 2665 S BAYSHORE DRIVE #703 MIAMI, FL 33133				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOODY, JOHN BERNARD <input type="checkbox"/> Delete 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 600076202916 06/14/06--01036--006 **1100.00 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOODY, JOHN JOSEPH <input type="checkbox"/> Delete 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133			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		
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		
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: 				Date 4/26/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # (305) 858-9900			