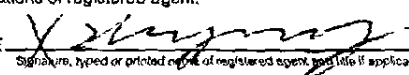
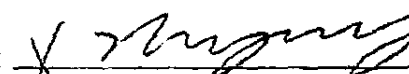


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000035049			
1. Entity Name MOONSTONE CIRCUS, LLC.			
Principal Place of Business 8519 FUJTON COURT ORLANDO, FL 32835 US		Mailing Address 6039 VILLAGE CIR ORLANDO, FL 32822 US	
DO NOT WRITE IN THIS SPACE			
		02232006 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 20-1122789	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent YANG, ZHUO 6039 VILLAGE CIR ORLANDO, FL 32822		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  (NOTE: Registered Agent signature required when re-filing) DATE			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		 000000482505 04/11/06-80081-021 50.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM YANG, ZHUO 6039 VILLAGE CIR ORLANDO, FL 32822		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM YU, XUEJUN 8519 FUJTON COURT ORLANDO, FL 32835		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LIANG, WU 8519 FUJTON COURT ORLANDO, FL 32835		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			