2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# L04000052269

Entity Name: MOODY PROPERTIES, LLC

Current Principal Place of Business:

212 N. BAY HILLS BLVD
SAFETY HARBOR, FL 34695

New Principal Place of Business:

10590 OAK ST. NE
ST. PETERSBURG, FL 33716

Current Mailing Address:

212 N. BAY HILLS BLVD
SAFETY HARBOR, FL 34695

New Mailing Address:

10590 OAK ST. NE
ST. PETERSBURG, FL 33716

FEI Number: 20-1365788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHEFMAN, DAVID
212 N. BAY HILLS BLVD
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

MOODY, KENNETH D PRES
10590 OAK ST. NE
ST. PETERSBURG, FL 33716 US

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.

SIGNATURE: KENNETH MOODY 05/04/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: REAL ESTATE EXCHANGE, SERVICES, INC .
Address: 212 N. BAY HILLS BLVD
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: MOODY, KENENTH D PRES
Address: 10590 OAK ST. NE
City-St-Zip: ST. PETERSBURG, FL 33716

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KENNETH MOODY PRES 05/04/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date