

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052904

Entity Name: MOEN TEAM, LLC

FILED  
Jan 06, 2006  
Secretary of State

## Current Principal Place of Business:

3930 CASSIA DRIVE  
ORLANDO, FL 32828

## New Principal Place of Business:

4495 BROOKHAVEN CT.  
CUMMING, GA 30040

## Current Mailing Address:

3930 CASSIA DRIVE  
ORLANDO, FL 32828

## New Mailing Address:

4495 BROOKHAVEN CT.  
CUMMING, GA 30040

FEI Number: 20-1415478

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOEN, TIFFANY  
3930 CASSIA DRIVE  
ORLANDO, FL 32828 US

## Name and Address of New Registered Agent:

MOEN, TIFFANY  
4495 BROOKHAVEN CT.  
CUMMING, GA, FL 30040 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:

01/06/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MOEN, TIFFANY  
Address: 3930 CASSIA DRIVE  
City-St-Zip: ORLANDO, FL 32828

Title: MGRM ( ) Delete  
Name: MOEN, ERIC  
Address: 3930 CASSIA DRIVE  
City-St-Zip: ORLANDO, FL 32828

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MOEN, TIFFANY  
Address: 4495 BROOKHAVEN CT.  
City-St-Zip: CUMMING, GA 30040

Title: MGRM (X) Change ( ) Addition  
Name: MOEN, ERIC  
Address: 4495 BROOKHAVEN CT.  
City-St-Zip: CUMMING, GA 30040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TIFFANY MOEN

MGR

01/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date