


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000079149 1. Entity Name MOATS, YATES & ASSOCIATES, LLC	
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Principal Place of Business 1345 BUNNELL ROAD APOPKA, FL 32703 US	Mailing Address 1345 BUNNELL ROAD APOPKA, FL 32703 US
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01082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2161448	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

YATES, JULIANNE 1345 BUNNELL RD. APOPKA, FL 32703

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YATES, JEFFREY 1345 BUNNELL ROAD APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOATS, CHRIS 518 CLIFTON DRIVE MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACTG YATES, JULIANNE 1345 BUNNEL RD APOPKA, FL 32703
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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: Julianne Yates JULIANNE YATES 4/10/07 407-294-9674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #