


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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**FILED**  
**Jun 14, 2005 8:00 am**  
**Secretary of State**

05-19-2005 90208 018 \*\*\*\*\*55.00

<b>DOCUMENT # L04000079800.</b>	
1. Entity Name <b>MOXIE SERVICES, LLC</b>	

Principal Place of Business <b>1170 EAST PAGE DRIVE DELTONA FL 32725 US</b>	Mailing Address <b>1170 EAST PAGE DRIVE DELTONA FL 32725 US</b>
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2. Principal Place of Business Suite, Apt. #, etc. <b>1170 EAST PAGE DR</b> City & State <b>DELTONA FLA</b> Zip <b>32725</b> Country <b>Volusia</b>	3. Mailing Address Suite, Apt. #, etc. <b>1170 EAST PAGE DR</b> City & State <b>DELTONA FLA</b> Zip <b>32725</b> Country <b>Volusia</b>
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1st MOORE CR2E083 (10/04)



4. FEI Number <b>010827091</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MILLER, MOXIE J III 1170 EAST PAGE DRIVE DELTONA FL 32725</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>Sole Proprietor</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MOXIE JOHN MILLER III</b>		NAME	
STREET ADDRESS <b>1170 EAST PAGE DR</b>		STREET ADDRESS	
CITY-ST-ZIP <b>DELTONA FLA 32725</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify 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 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] 6-9-05 386-401-5135  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #