

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081849

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** HALF MOON, L.L.C.

**Current Principal Place of Business:**

8985 DEL SOL WAY  
NAPLES, FL 34109 US

**New Principal Place of Business:**

8985 FONTANA DEL SOL WAY  
NAPLES, FL 34109 US

**Current Mailing Address:**

8985 DEL SOL WAY  
NAPLES, FL 34109 US

**New Mailing Address:**

8985 FONTANA DEL SOL WAY  
NAPLES, FL 34109 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PETELLER, LISA  
8985 DEL SOL WAY  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

PETELER, LISA  
8985 FONTANA DEL SOL WAY  
NAPLES, FL 34109 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: LISA PETELER

04/29/2005

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PETELLER, LISA  
Address: 8985 DEL SOL WAY  
City-St-Zip: NAPLES, FL 34109 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PETELER, LISA  
Address: 8985 FONTANA DEL SOL WAY  
City-St-Zip: NAPLES, FL 34109 US

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: LISA PETELER

MGRM

04/29/2005

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