# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**
**Apr 08, 2005 8:00 am**
**Secretary of State**
03-09-2005 90008 009 ****50.00

DOCUMENT # L04000089660

1. Entity Name

MO PROPERTIES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 9911 EAST 21ST STREET NORTH, APT. 170<br>WICHITA KS 67206 | 9911 EAST 21ST STREET NORTH, APT. 170<br>WICHITA KS 67206 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1549 Rocky Creek Rd.<br>Suite, Apt. #, etc. | 1549 Rocky Creek Rd.<br>Suite, Apt. #, etc. |
| City & State: Wichita, KS | City & State: Wichita, Ks |
| Zip: 67230 Country: Sedgwick | Zip: 67230 Country: Sedgwick |

1st MOORE CR2E083 (10/04)

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BARLOGA, SCOTT B<br>220 MCKENZIE AVENUE<br>PANAMA CITY FL 32401 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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

**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 / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Duane Osborne<br>as above | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>Duane Osborne<br>1549 Rocky Creek Rd.<br>Wichita, KS 67230 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President<br~~Beth Osborn~~ Michael Moschiarella<br>as above | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>Beth Osborne<br>1549 Rocky Creek Rd<br>Wichita, KS 67230 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary / Treasurer<br>Beth Osborne<br>Asabove | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>Michael Moschiarella<br>1549 Rocky Creek Rd.<br>Wichita KS 67230 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Duane Osborne Duane Osborne 03/02/05 (316) 315-0398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Corrections 04/03/05. DLP