

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090853

FILED
Jun 30, 2005
Secretary of State

Entity Name: FULL MOON FAMILY L.L.C.

Current Principal Place of Business:

5612 LANCELOT LN
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

5612 LANCELOT LN
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 20-2025371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLT, LINDY C
5612 LANCELOT LN
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOLT, LINDY C
Address: 5612 LANCELOT LN
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGRM () Delete
Name: HOLT, PATRICK P
Address: 5612 LANCELOT LN
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGRM () Delete
Name: HOLT, KATHRYN R
Address: 5612 LANCELOT LN
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGRM () Delete
Name: HOLT, MEGAN M
Address: 5612 LANCELOT LN
City-St-Zip: CAPE CORAL, FL 33914 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINDY C HOLT

MGR

06/30/2005

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