

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012168

Entity Name: FULL MOON CREATIVE LLC

FILED
Feb 22, 2006
Secretary of State

Current Principal Place of Business:

10281 N.W. 24TH COURT
SUNRISE, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

10281 N.W. 24TH COURT
SUNRISE, FL 33322 US

New Mailing Address:

FEI Number: 34-2039315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOON, DWIGHT D
10281 N.W. 24TH COURT
SUNRISE, FL 33322 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: MGRM () Delete
Name: MOON, DWIGHT D
Address: 10281 N.W. 24TH COURT
City-St-Zip: SUNRISE, FL 33322 US

Title: MGRM () Delete
Name: LOPEZ, JEIMY L
Address: 10281 N.W. 24TH COURT
City-St-Zip: SUNRISE, FL 33322 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: LOPEZ-MOON, JEIMY L
Address: 10281 N.W. 24TH COURT
City-St-Zip: SUNRISE, FL 33322 US

Title: MGRM () Change (X) Addition
Name: ATTIAS, HOWARD M
Address: 3125 NW 84TH WAY
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DWIGHT D MOON

MGRM

02/22/2006

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