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Apr 26, 2007 8:00 am
Secretary of State
03-30-2007 90036 049 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000018556

1. Entity Name
MOORE HAVEN, LLC

Principal Place of Business	Mailing Address
6385 PRESIDENTIAL COURT #108 FORT MYERS, FL 33919	6385 PRESIDENTIAL COURT #108 FORT MYERS, FL 33919
2. Principal Place of Business - No P.O. Box # 6249 Presidential Court Ste F Fort Myers, FL 33919 US	3. Mailing Address 6249 Presidential Court Ste F Fort Myers, FL 33919 US

03272007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2383672 ☐ 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
HAGEN, MICHAEL S 6385 PRESIDENTIAL COURT #108 FORT MYERS, FL 33919	Name: Michael S. Hagen Street Address: 6249 Presidential Court Ste F City / Code: Fort Myers, FL 33919

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 [signature] Michael Hagen Managing Member 3/27/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAGEN, MICHAEL S 6385 PRESIDENTIAL COURT #108 FORT MYERS, FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Michael S. Hagen 6249 Presidential Court Ste F Fort Myers, FL 33919	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAGEN, WARREN E 9371 TRIANA TERRACE #4 FORT MYERS, FL 33912	☐ 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
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 exemptions contained in Chapter 119, 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] Michael S. Hagen, Managing Member 3/27/07 239-275-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #