
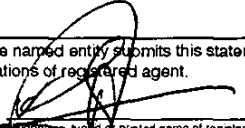
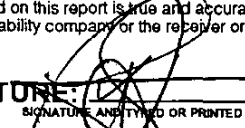


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90171 046 \*\*\*\*55.00

<b>DOCUMENT # L05000027598</b> 1. Entity Name MOORE GULF PROPERTIES, L.L.C.																													
Principal Place of Business 875 SAINT CLAIRE AVENUE ST. PAUL, MN 55105			Mailing Address 875 SAINT CLAIRE AVENUE ST. PAUL, MN 55105																										
2. Principal Place of Business 12222 Siesta Drive Suite, Apt. #, etc.		3. Mailing Address 12222 Siesta Drive Suite, Apt. #, etc.																											
City & State <i>Beach</i> Fort Myers, FL		City & State <i>Beach</i> Fort Myers, FL																											
Zip 33931		Country Lee		4. FEI Number 20-4186601																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable																											
6. Name and Address of Current Registered Agent UCC FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309																													
7. Name and Address of New Registered Agent Name Lee Johnson Street Address (P.O. Box Number is Not Acceptable) 12222 Siesta Drive City <i>Beach</i> Fort Myers, FL Zip Code 33931																													
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  <u>LEE JOHNSON</u> (NOTE: Registered Agent Signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006																													
Make check payable to Florida Department of State																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOORE, WILLIAM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>875 SAINT CLAIRE AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PAUL, MN 55105</td> <td></td> </tr> </table>			TITLE	MGRM	<input checked="" type="checkbox"/> Delete	NAME	MOORE, WILLIAM		STREET ADDRESS	875 SAINT CLAIRE AVENUE		CITY-ST-ZIP	ST. PAUL, MN 55105		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Lee Johnson</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12222 Siesta Drive</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Fort Myers, FL 33931</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Lee Johnson		STREET ADDRESS	12222 Siesta Drive		CITY-ST-ZIP	Fort Myers, FL 33931	
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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  <u>LEE JOHNSON</u> Date <u>2-1-06</u> 941-240-1725 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													