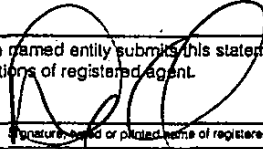


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 13 PM 8:47

DOCUMENT # L05000027598			
1. Entity Name MOORE GULF PROPERTIES, L.L.C.			
Principal Place of Business 12222 SIESTA DR FORT MYERS BEACH, FL 33931		Mailing Address 12222 SIESTA DR FORT MYERS BEACH, FL 33931	
2. Principal Place of Business 2933 Lone Pine Lane		3. Mailing Address 2933 Lone Pine Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34119		Country USA	
4. FEI Number 20-4186601		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent JOHNSON, LEE 12222 SIESTA DR FORT MYERS BEACH, FL 33931		7. Name and Address of New Registered Agent Name: Michelle N. Koch Street Address (P.O. Box Number is Not Acceptable) 2933 Lone Pine Lane City: Naples FL Zip Code: 34119	
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: Michelle N. Koch			
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, LEE 12222 SIESTA DR FORT MYERS BEACH, FL 33931 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Michelle N. Koch 2933 Lone Pine Lane Naples, FL 34119 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Marcy J. Clark 16210 49th Place North Plymouth, MN 55446 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500077731655 07/19/06--01049--006 **\$5.00 ☐ 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:

Michelle N. Koch 7-10-06