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	Mailing Address
12222 SIESTA DR FORT MYERS BEACH, FL 33931	12222 SIESTA DR FORT MYERS BEACH, FL 33931

05192006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
2933 Lone Pine Lane	2933 Lone Pine Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34119 Country: USA	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	7. Name and Address of New Registered Agent
JOHNSON, LEE 12222 SIESTA DR FORT MYERS BEACH, FL 33931	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 _____ Michelle N. Koch
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	500077731665 07/19/06--01049--006 **55.00	☐ 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