
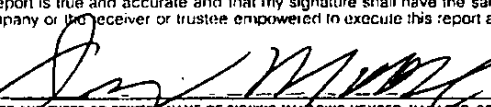


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90146 026 \*\*\*\*55.00

<b>DOCUMENT # L05000031625</b>					
1. Entity Name <b>JERRY MOORE FLORIDA OPERATIONS, L.L.C.</b>					
Principal Place of Business <b>17 OLD PALMETTO PATH ST. MARKS FL 32355</b>			Mailing Address <b>2440 WALL STREET, SUITE A CONYERS GA 30013</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-2471739</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				1st MOORE CR2E083 (10/05)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MOORE, JERRY</b> <b>17 OLD PALMETTO PATH</b> <b>ST. MARKS FL 32355</b>				Name <b>MOORE, JERRY</b>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<b>2001 D Crawfordville Highway</b>	
				City	State
				<b>CRAWFORDVILLE</b>	<b>FL</b>
				Zip Code	<b>32327</b>
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 _____ (NOTE: Registered Agent signature required when changing)					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JERRY		NAME	MOORE, Jerry	
STREET ADDRESS	17 OLD PALMETTO PATH		STREET ADDRESS	2001 D CRAWFORDVILLE Highway	
CITY - ST - ZIP	ST. MARKS FL 32355		CITY - ST - ZIP	CRAWFORDVILLE, FL 32327	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, VIRGINIA		NAME	MOORE, Virginia	
STREET ADDRESS	17 OLD PALMETTO PATH		STREET ADDRESS	2001 D CRAWFORDVILLE Highway	
CITY - ST - ZIP	ST. MARKS FL 32355		CITY - ST - ZIP	CRAWFORDVILLE, FL 32327	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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  2/9/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

ATTACHMENT

30003302

JERRY MOORE FLORIDA OPERATIONS, L.L.C.

P.O. Box 585

Panacea, FL 32346

850-926-5634

March 22, 2006

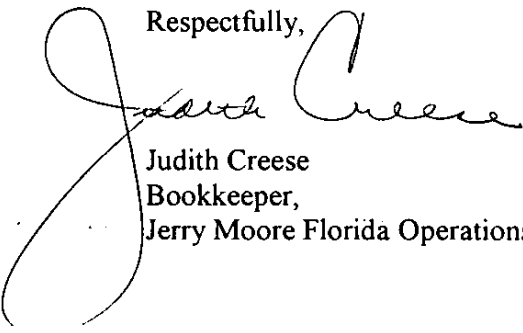
Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

Reference Number: L05000031625

Dear Division of Corporations,

Please accept my apologies for not completing the enclosed Annual Report in its entirety. Also, please note that the form was returned to an incorrect address. I received the returned form only today and not in time to comply with the 30-day notice. For that reason, I ask that the enclosed updated Annual Report be accepted even though it is arriving past the 30-day deadline.

Respectfully,

  
Judith Creese  
Bookkeeper,  
Jerry Moore Florida Operations



ATTACHMENT  
30003362

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2006

JERRY MOORE FLORIDA OPERATIONS, L.L.C.  
2440 WALL STREET, SUITE A  
CONYERS, GA 30013

Subject: JERRY MOORE FLORIDA OPERATIONS, L.L.C.

Reference Number:

L05000031625

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj

ANNUAL REPORTS SECTION