

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035261

Entity Name: MOSS IP, LLC

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

2101 N. ANDREWS AVENUE
SUITE 300
FORT LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

2101 N. ANDREWS AVENUE
SUITE 300
FORT LAUDERDALE, FL 33311 US

New Mailing Address:

FEI Number: 56-2513443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOLDOW, BRUCE J
2101 N. ANDREWS AVENUE
SUITE 300
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOSS, BOB L
Address: 2101 N. ANDREWS AVENUE, SUITE 300
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: MGR () Delete
Name: MOLDOW, BRUCE J
Address: 2101 N. ANDREWS AVENUE, SUITE 300
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: MGR () Delete
Name: HARRIS, JOSEPH L
Address: 2101 N. ANDREWS AVENUE, SUITE 300
City-St-Zip: FORT LAUDERDALE, FL 33311 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHELE SNOW

CFO

01/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date