

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052255

Entity Name: MOON LAKE SOUTH, LLC

FILED
Apr 13, 2006
Secretary of State

Current Principal Place of Business:

19454 74TH AVENUE
CHIPPEWA FALLS, WI 54729

New Principal Place of Business:

Current Mailing Address:

19454 74TH AVENUE
CHIPPEWA FALLS, WI 54729

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLS, JAMES L ESQUIRE
8191 COLLEGE PARKWAY
SUITE 204
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

MEYER, JOEL N
5371 DEL MONTE CT.
CAPE CORAL, FL 33904 US

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: JOEL N. MEYER

04/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROVOLD, BURT L
Address: 19454 74TH AVENUE
City-St-Zip: CHIPPEWA FALLS, WI 54729

Title: MGRM () Delete
Name: BROVOLD, ALICE M
Address: 19454 74TH AVENUE
City-St-Zip: CHIPPEWA FALLS, WI 54729

ADDITIONS/CHANGES:

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 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: BURT L. BROVOLD

MGRM

04/13/2006

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