

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000054478

**FILED**  
**Mar 06, 2007**  
**Secretary of State**

**Entity Name:** MOCCASIN WALLOW LAKESIDE LLC

**Current Principal Place of Business:**

9321 MOCCASIN WALLOW RD.  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 97  
TERRA CEIA, FL 34250

**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:**

WIMPY, ALAN JON  
9321 MOCCASIN WALLOW RD.  
PARRISH, FL 34219 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: MGRM ( ) Delete  
Name: WIMPY, ALAN JON  
Address: PO BOX 97  
City-St-Zip: TERRA CEIA, FL 34250

**ADDITIONS/CHANGES:**

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: ALAN JON WIMPY

MGMR

03/06/2007

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