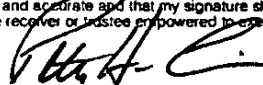


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

05-03-2006 90032 028 ****50.00

DOCUMENT # L05000060924					
1. Entity Name MORECO PARTNERS, LLC					
Principal Place of Business 350 CAMINO GARDENS BLVD. SUITE 102 BOCA RATON, FL 33432			Mailing Address 350 CAMINO GARDENS BLVD. SUITE 102 BOCA RATON, FL 33432		
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 20-3025159	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLINS, PETER H 350 CAMINO GARDENS BLVD. SUITE 102 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 remaining)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Moreya Managing Member 4001 Bayshore Blvd Tampa, FL 33629	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Robert Moreya 4001 Bayshore Blvd Tampa, FL 33629	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Peter H. Collins Member 350 Camino Gardens Blvd, Ste 102 Boca Raton, FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Peter H. Collins 350 Camino Gardens Blvd, Ste 102 Boca Raton, FL 33432	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 			Date: 5/1/06 Daytime Phone #: 561-361-6463		



04102006 Chg-LLC CR2E083 (11/05)

Sorry for my error.
561-347-5388