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	Mailing Address
350 CAMINO GARDENS BLVD. SUITE 102 BOCA RATON, FL 33432	350 CAMINO GARDENS BLVD. SUITE 102 BOCA RATON, FL 33432

04102006 Chg-LLC CR2E083 (11/05)

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	7. Name and Address of New Registered Agent
COLLINS, PETER H 350 CAMINO GARDENS BLVD. SUITE 102 BOCA RATON, FL 33432	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Moreyra Managing Member 4001 Bayshore Blvd Tampa, FL 33629	☐ Delete	MGRM Robert Moreyra 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	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		☐ Delete		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		

Sorry for my error!
Collins
561-347-5388

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: _____ 5/1/06 561-361-6463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #