

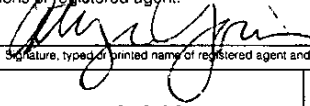



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90026 007 ****55.00

DOCUMENT # L05000094186 1. Entity Name MOMS ROCK ON LC					
Principal Place of Business 21121 PRESERVATION DRIVE LAND O'LAKES, FL 34639			Mailing Address 21121 PRESERVATION DRIVE LAND O'LAKES, FL 34639		
2. Principal Place of Business 1936 BRUCE B DOWNS BLVD Suite, Apt. #, etc. 315		3. Mailing Address 1936 BRUCE B DOWNS BLVD Suite, Apt. #, etc. 315			
City & State WESLEY CHAPEL, FL		City & State WESLEY, CHAPEL, FL		4. FEI Number 03-0570073	
Zip 33543		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SAUNDERS, BASHI 21121 PRESERVATION DRIVE LAND O'LAKES, FL 34639				7. Name and Address of New Registered Agent Name Atiya Young Street Address (P.O. Box Number is Not Acceptable) 1936 Bruce B Downs Blvd Suite 315 City Wesley Chapel FL Zip Code 33543	
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  Atiya Young 3/10/06 <small>(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering))</small>					
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	MGRM SAUNDERS, BASHI 21121 PRESERVATION DRIVE LAND O'LAKES, FL 34639	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG, ATIYA 19209 ROBIN PERCH LANE TAMPA, FL 33647	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 606, Florida Statutes.					
SIGNATURE:  Atiya Young 3/10/06 813-468-1337 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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