

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

02-06-2006 90175 028 *****50.00



L05000098486

FILED

2006 JUN 26 P 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E083 (10/05)

DOCUMENT # L05000098486 1. Entity Name MOOSE CROSSING REALTY, L.C.					
Principal Place of Business 4301 S. FLAGLER DRIVE WEST PALM BEACH FL 33405			Mailing Address 4301 S. FLAGLER DRIVE WEST PALM BEACH FL 33405		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHERRY LEFKOWITZ HYMAN, ESQ. 3801 PGA BLVD., SUITE 107 PALM BEACH GARDENS FL 33410				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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HYMAN, MICHAEL D 4301 S. FLAGLER DRIVE WEST PALM BEACH FL 33405 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 6/25/06 Daytime Phone # 571 573 7345		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					