


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90286 001 ***100.00

DOCUMENT # L05000112235

1. Entity Name
MOFFITT GROUP, LLC



Principal Place of Business Mailing Address

138 BUSHNELL PLAZA, #103 138 BUSHNELL PLAZA, #103
P.O. BOX 385 P.O. BOX 385
BUSHNELL, FL 33513 BUSHNELL, FL 33513

30005407



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03062006 Chg-LLC CR2E083 (11/05)

City & State City & State

4. FEI Number Applied For

20-3025363 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

LACKAY, CHRISTINA L
138 BUSHNELL PLAZA, #103
BUSHNELL, FL 33513

7. Name and Address of New Registered Agent

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 reinstating) DATE _____

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MGR DAVID E. MOFFITT
STREET ADDRESS		STREET ADDRESS	138 BUSHNELL PLAZA, #103
CITY-ST-ZIP		CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MGR CHRISTINA L. LACKAY
STREET ADDRESS		STREET ADDRESS	138 BUSHNELL PLAZA, #103
CITY-ST-ZIP		CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Christina L. Lackay* 4/11/06 (952) 793-5013
CHRISTINA L. LACKAY