2007 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED May 07, 2007 8:00 am Secretary of State		
DOCUMENT # L05000116171 <sup>1. Entity Name</sup> MOODY TWO JV, LLC				05-07-2007 90621 001 ***800.00 30007194		
Principal Place of Business Mailing Address   450 NE 32ND STREET 450 NE 32ND STREET   MIAMI, FL 33137 MIAMI, FL 33137						
	6. Name and Address of Cu	TE IN THIS SPA		4. FEI Number NOT APPLICABLE Applied For Not Applicable   5. Certificate of Status Desired \$5.00 Additional Fee Required		
MIAMI CENTER REGISTERED AGENTS, LLC 201 S. BISCAYNE BLVD., STE. 1700 MIAMI, FL 33131				DO NOT WRITE IN THIS SPACE		
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						
Filing Fee is \$50.00 Due by May 1, 2007						
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FROSTPROOF DEVELOPE	EMBERS/MANAGERS				
TITLE NAME Street address City-st-zip				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CATY-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   am a managing member or manager of the limited liability company or the receiver or trustee empowerd to execute this report as required by Chapter 608, Florida Statutes.						
SIGNAT		PAC		20201/2017		
	AGAATURE AND TTPED UK PRINTED N	AME OF SIGNING MANAGING MEMBER, OR AUTHO	RILED REPRESENTATIVE	Date Daytime Phone #		