


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # L06000012849
 1. Entity Name
 HALF MOON STATION LLC



Principal Place of Business 1305 S.W. 266TH STREET NEWBERRY, FL 32669	Mailing Address P.O. BOX 718 NEWBERRY, FL 32669
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DO NOT WRITE IN THIS SPACE



01102008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4897393	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KEMPTON, JEFF
 10202 S.W. 138TH STREET
 ARCHER, FL 32618-3627

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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEMPTON, JEFF 10202 SW 136TH ST GAINESVILLE, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLEMAN, KEVIN PO BOX 718 NEWBERRY, FL 32669
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 03/20/08-80023-019 138.75

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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: Paul Kevin Coleman Date: 2-21-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #