

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90132 035 \*\*\*\*50.00

**DOCUMENT # L06000022334**  
 1. Entity Name  
**MOAB BAY, LLC**



Principal Place of Business  
 17287 US HIGHWAY 331 S  
 FREEPORT, FL 32439

Mailing Address  
 P.O. BOX 519  
 FREEPORT, FL 32439

20000779

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-4412603** Applied For  
 Not Applicab

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

**6. Name and Address of Current Registered Agent**  
 ALEXANDER, LEXY R  
 17287 US HIGHWAY 331 S  
 FREEPORT, FL 32439

**7. Name and Address of New Registered Agent**  
 Name  
**Forecast Financial Corporation**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10859 Emerald Coast Parkway #204-330**  
 City  
**Destin** FL Zip Code  
**32550**

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 **Forecast Financial Corporation by [Signature], CEO** DATE **1/9/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**

**Make check payable to Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	SMITH, CRAIG	
STREET ADDRESS	206 GOLF CLUB DRIVE	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FORECAST FINANCIAL CORPORATION	
STREET ADDRESS	10859 EMERALD COAST PARKWAY, #204-330	
CITY-ST-ZIP	DESTIN, FL 32550	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
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NAME		
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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: **[Signature], CEO** DATE **1/9/07**