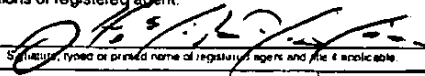
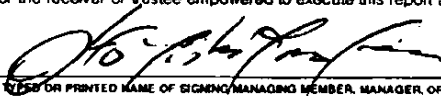


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State

03-28-2007 90186 024 ****50.00

DOCUMENT # L06000101131 / 1. Entity Name MORA ENTERPRISES LLC /																																																																																																																																			
Principal Place of Business 1215 BENOIST FARMS RD. WEST PALM BEACH FL 33411				Mailing Address 1215 BENOIST FARMS RD. WEST PALM BEACH FL 33411																																																																																																																															
2. Principal Place of Business - No P.O. Box # 5110 ELMHURST RD.		3. Mailing Address 5110 ELMHURST RD.		 1st MOORE CR2E083 (10/06)																																																																																																																															
Suite, Apt. #, etc. APT. F		Suite, Apt. #, etc. APT. F																																																																																																																																	
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Zip 33417		Zip 33417																																																																																																																																	
4. FEI Number 205730199				☐ Applied For ☒ Not Applicable																																																																																																																															
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent MORA OTTO M 1215 BENOIST FARMS RD. WEST PALM BEACH FL 33411																																																																																																																															
7. Name and Address of New Registered Agent Name MORA, OTTO M																																																																																																																																			
Street Address (P.O. Box Number is Not Acceptable) 5110 ELMHURST RD. APT. F																																																																																																																																			
City WEST PALM BEACH, FL Zip Code 33417																																																																																																																																			
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  DATE 03-31-2007 (NOTE: Registered Agent's signature required when re-issuing)																																																																																																																																			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007																																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGR GENERAL MANAGER ☐ Delete</td> <td style="width: 10%;"></td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">ASSIST. MANAGER ☐ Change ☒ Addition</td> <td style="width: 10%;"></td> </tr> <tr> <td>NAME</td> <td>MORA, OTTO M</td> <td></td> <td>NAME</td> <td>MORA, JOSE A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1215 BENOIST FARMS RD. 5110 ELMHURST RD</td> <td></td> <td>STREET ADDRESS</td> <td>5110 ELMHURST RD. APT. F</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>WEST PALM BEACH FL 33411 ✓</td> <td></td> <td>CITY-STATE-ZIP</td> <td>WEST PALM BEACH, FL 33417</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ASSISTANT MANAGER ☐ Delete</td> <td></td> <td>TITLE</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td>MORA, JOSE A</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5110-F ELMHURST RD.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>WEST PALM BEACH, FL 33417</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td>TITLE</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td>TITLE</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td>TITLE</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGR GENERAL MANAGER ☐ Delete		TITLE	ASSIST. MANAGER ☐ Change ☒ Addition		NAME	MORA, OTTO M		NAME	MORA, JOSE A		STREET ADDRESS	1215 BENOIST FARMS RD. 5110 ELMHURST RD		STREET ADDRESS	5110 ELMHURST RD. APT. F		CITY-STATE-ZIP	WEST PALM BEACH FL 33411 ✓		CITY-STATE-ZIP	WEST PALM BEACH, FL 33417		TITLE	ASSISTANT MANAGER ☐ Delete		TITLE			NAME	MORA, JOSE A		NAME			STREET ADDRESS	5110-F ELMHURST RD.		STREET ADDRESS			CITY-STATE-ZIP	WEST PALM BEACH, FL 33417		CITY-STATE-ZIP			TITLE			TITLE			NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP			TITLE			TITLE			NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP			TITLE			TITLE			NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP		
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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 03-31-2007 (954) 695-0142 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																																																			