2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# L07000112445

Entity Name: FULL MOON ASSETS, LLC

Current Principal Place of Business:

9250 ARBOLITA WAY
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 551644
JACKSONVILE, FL 32255

New Mailing Address:

FEI Number: 26-1657690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COHEN, LANCE P
1723 BLANDING BLVD.
SUITE 102
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JACOBS, MARCIA J
Address: P.O. BOX 551644
City-St-Zip: JACKSONVILLE, FL 32255

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARCIA J. JACOBS MGRM 05/06/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date