

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 29, 2008  
Secretary of State**

DOCUMENT# L97000000879

Entity Name: MOORE AND WAKSLER, P.L.

**Current Principal Place of Business:**

1107 WEST MARION AVENUE  
SUITE 112  
PUNTA GORDA, FL 33950 US

**New Principal Place of Business:**

**Current Mailing Address:**

1107 WEST MARION AVENUE  
SUITE 112  
PUNTA GORDA, FL 33950 US

**New Mailing Address:**

FEI Number: 65-0773617      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOORE, JAMES E III  
1107 WEST MARION AVENUE  
SUITE 112  
PUNTA GORDA, FL 33950 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: MOORE, JAMES E III  
Address: 1107 WEST MARION AVENUE, SUITE 112  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGRM ( ) Delete  
Name: WAKSLER, GERI L  
Address: 1107 WEST MARION AVENUE, SUITE 112  
City-St-Zip: PUNTA GORDA, FL 33950 US

**ADDITIONS/CHANGES:**

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

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: JAMES E MOORE III

MGRM

01/29/2008

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