


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company MOORE & MOORE HOLDINGS, L.C. 13474 AQUILINE ROAD JACKSONVILLE FL 32224		DOCUMENT # L98000001868	
2. Principal Place of Business <i>(Handwritten: Corporate Rental Units)</i> 1111 N. W. 11th St. #1111 City & State JACKSONVILLE FL 32224 Zip 32224		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	1a. Principal Place of Business Address 13474 AQUILINE ROAD JACKSONVILLE FL 32224
3. Date Organized or Qualified 09/16/1998		3a. State of Formation FL	
4. FEI Number 59-3543412		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent MOORE, JOY L 13474 AQUILINE ROAD JACKSONVILLE FL 32224		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE <i>Joy L Moore</i> DATE			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MOORE, JOY L	13474 AQUILINE ROAD	JACKSONVILLE FL
MGR	MOORE, STEPHEN R	13474 AQUILINE ROAD	JACKSONVILLE FL
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: <i>Joy L Moore</i>			