### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### **DOCUMENT # L99000008409**

1. Entity Name MOOG ROAD, LLC

04-11-2005 90044 034 \*\*\*\*50.00

Apr 11, 2005 8:00 am Secretary of State

**FILED** 

Principal Place of Business 6654 78TH AVE. N. PINELLAS PARK, FL 33781 Mailing Address 6654 78TH AVE. N. PINELLAS PARK, FL 33781



03222005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number Applied For S9-3616556 Not Applied be S5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

YEPES, CARLOS 6654 78TH AVE. N PINELLAS PARK, FL 33781

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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_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	ling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS	T	
TITLE	MGRM		
NAME	NOWAK, GREG A		•
STREET ADDRESS	6654 78TH AVE. N.	•	

#### CITY-ST-ZIP PINELLAS PARK, FL 33781 MGRM TITLE YEPES, CARLOS A NAME STREET ADDRESS 6654 78TH AVE. N. PINELLAS PARK, FL 33781 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP

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11. I 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 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 of the receiver or indicate empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

\$/1/05 727-53C-868Q

Daytime Phone i