

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006652

Entity Name: PC BLUE MOON, LLC

FILED  
Feb 22, 2006  
Secretary of State

## Current Principal Place of Business:

1191 PEARL STREET  
MINDEN, LA 71055

## New Principal Place of Business:

17320 PANAMA CITY BEACH PARKWAY  
SUITE 107  
PANAMA CITY BEACH, FL 32413

## Current Mailing Address:

1191 PEARL STREET  
MINDEN, LA 71055

## New Mailing Address:

17320 PANAMA CITY BEACH PARKWAY  
SUITE 107  
PANAMA CITY BEACH, FL 32413

FEI Number: 20-3654253

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCINNIS, S. PROCTER  
17320 PANAMA CITY BEACH PARKWAY STE 107  
PANAMA CITY, FL 324132035 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: MGR ( ) Delete  
Name: MCINNIS, GEORGE E  
Address: 1191 PEARL STREET  
City-St-Zip: MINDEN, LA 71055

Title: MGR ( ) Delete  
Name: MCINNIS, DOROTHY PROCTE  
Address: 1191 PEARL STREET  
City-St-Zip: MINDEN, LA 71055

## 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 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: GEORGE E. MCINNIS

MGR

02/22/2006

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