

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000004742

**FILED**  
**Apr 26, 2007**  
**Secretary of State**

**Entity Name:** MOORINGS REGENCY, LLC

**Current Principal Place of Business:**

430 INTERSTATE COURT  
SARASOTA, FL 34240

**New Principal Place of Business:**

232 MYSTIC FALLS DRIVE  
APOLLO BEACH, FL 33572

**Current Mailing Address:**

430 INTERSTATE COURT  
SARASOTA, FL 34240

**New Mailing Address:**

P.O. BOX 3489  
APOLLO BEACH, FL 33572

**FEI Number:** 58-2601481

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: SPENCER, BARRY  
Address: 430 INTERSTATE COURT  
City-St-Zip: SARASOTA, FL 34240

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SPENCER, BARRY  
Address: P.O. BOX 3489  
City-St-Zip: APOLLO BEACH, FL 33572

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:** BARRY SPENER

MGR

04/26/2007

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