

**FILE NOW: Fee after May 1, will be \$588.75**

**RECEIVED APR 23 REC'D**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**97 MAY 15 PM 12:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**FILING FEE**  
**\$ 203.75** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address  
of Limited Liability Company  
*Moose, LLC*  
*Moose, LLC*  
PO Box 2268  
Hickory NC 28603-2268  
**DOCUMENT #M97000000024**

1a. Principal Place of Business Address

PO Box 2268  
Hickory NC 28603-2268

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1-1-97		NC	
City & State		City & State		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Date of Last Report		6. Certificate of Status Desired	

7. Name and Address of Current Registered Agent

Wade E. Moose  
PO Box 2268  
Hickory NC 28603-2268

8. Name and Address of New Registered Agent

Name  
*Wade E. Moose*  
Street Address (P.O. Box Number is Not Acceptable)  
*1717 Minnesota Ave*  
Suite, Apt. #, etc.  
City  
*Winter Park* **FL** Zip Code  
*32789*

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

*Wade E. Moose*

DATE *April 22, 97*

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	Wade E. Moose	PO Box 2268 <i>1717 Minnesota Ave</i>	Hickory NC 28603-2268 <i>Winter Park FL 32789</i>

~~900002184619-2~~  
-05/20/97-01029  
\*\*\*\*203.75 \*\*\*\*20  
**900002184619-2**  
-05/20/97-01029-011  
\*\*\*\*203.75 \*\*\*\*203.75  
*JB5-19-97*

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 606, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**

*Wade E. Moose*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

*4-2-97*  
Date

Daytime Phone #