

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

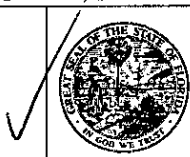
FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90058 002 ****55.00

DOCUMENT # M98000001428

1. Entity Name

MOON DANCE, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3526 SPOTTSWOOD AVENUE

3. Mailing Address
3526 SPOTTSWOOD AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MEMPHIS, TN

City & State
MEMPHIS, TN

4. FEI Number 62-1636969

Applied For
Not Applicable

Zip
38111

Country
USA

Zip
38111

Country
USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ALBERT E DOTSON JR

Street Address (P.O. Box Number is Not Acceptable)

200 S BISCAYNE SUITE 2500

City MIAMI

FL

Zip Code
33131

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
SEELBINDER, OSCAR W JR.
283 TILTON
MEMPHIS, TN 38111

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
RUBY AVENUE REALTY, LLC
1374 CORDOVA COVE #101
GERMANTOWN, TN 38138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
RICHARD ROBINSON
1317 HWY 45 BYPASS
JACKSON, TN 38305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
JOHN MONTGOMERY
41 UNION AVENUE
MEMPHIS, TN 38103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

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

OSCAR SEELBINDER 1-22-03 901327-7676

Date

Daytime Phone #

CR2E083B (12/02)