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

20022634
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3526 SPOTTSWOOD AVENUE	3526 SPOTTSWOOD AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MEMPHIS, TN	City & State: MEMPHIS, TN
Zip: 38111 Country: USA	Zip: 38111 Country: USA

4. FEI Number 62-1636969 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	SEELBINDER, OSCAR W JR.
STREET ADDRESS	283 TILTON
CITY-ST-ZIP	MEMPHIS, TN 38111
TITLE	MGRM
NAME	RUBY AVENUE REALTY, LLC
STREET ADDRESS	1374 CORDOVA COVE #101
CITY-ST-ZIP	GERMANTOWN, TN 38138
TITLE	MGRM
NAME	RICHARD ROBINSON
STREET ADDRESS	1317 HWY 45 BYPASS
CITY-ST-ZIP	JACKSON, TN 38305
TITLE	MGRM
NAME	JOHN MONTGOMERY
STREET ADDRESS	41 UNION AVENUE
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E083B (12/02)

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: _____ OSCAR SEELBINDER 1-22-03 901 327-7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #