

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087470

Entity Name: L & H MOVSISYAN LLC

FILED
Apr 18, 2005
Secretary of State

Current Principal Place of Business:

2341 CARRIAGE RUN ROAD
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

2341 CARRIAGE RUN ROAD
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEVON, MOVSISYAN OWNER
2341 CARRIAGE RUN ROAD
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

LEVON, MOVSISYAN
2341 CARRIAGE RUN ROAD
KISSIMMEE, FL 34741 US

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: LEVON MOVSISYAN

04/18/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MOVSISYAN, LEVON OWNER
Address: 2341 CARRIAGE RUN ROAD
City-St-Zip: KISSIMMEE, FL 34741 US

Title: MGR () Delete
Name: MOVSISYAN, HOVNAN OWNER
Address: 2341 CARRIAGE RUN ROAD
City-St-Zip: KISSIMMEE, FL 34741 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MOVSISYAN, LEVON
Address: 2341 CARRIAGE RUN ROAD
City-St-Zip: KISSIMMEE, FL 34741 US

Title: MGR (X) Change () Addition
Name: MOVSISYAN, HOVNAN
Address: 2341 CARRIAGE RUN ROAD
City-St-Zip: KISSIMMEE, FL 34741 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LEVON MOVSISYAN

MGR

04/18/2005

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