

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009763

Entity Name: MVMS, LLC

FILED
Aug 23, 2005
Secretary of State

Current Principal Place of Business:

119 PASADENA PLACE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

5130 HOPNER CT
COLORADO SPRINGS, CO 80919

New Mailing Address:

FEI Number: 84-1599528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NISSEN, DAVID
227 BLUE CREEK DR
WINTER SPRINGS, FL 32708 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: NISSEN, DAVID
Address: 227 BLUE CREEK DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR () Delete
Name: WILLIAMS, CLAUDE M
Address: 5130 HOPNER COURT
City-St-Zip: COLORADO SPRINGS, CO 80919

Title: MGR () Delete
Name: WILLIAMS, VALERIE
Address: 5130 HOPNER COURT
City-St-Zip: COLORADO SPRINGS, CO 80919

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CLAUDE M WILLIAMS

MR

08/23/2005

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