

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90415 017 \*\*\*\*55.00

DOCUMENT # L01000015733

1. Entity Name  
MOVEOVER, L.L.C.



Principal Place of Business  
1688 W HIBISCUS BLVD  
MELBOURNE, FL 32901

Mailing Address  
1688 W HIBISCUS BLVD  
MELBOURNE, FL 32901

24044384

2. Principal Place of Business

1682 W Hibiscus Blvd

Suite, Apt. #, etc.

3. Mailing Address

1682 W Hibiscus Blvd

Suite, Apt. #, etc.



04132004

Chg-LLC

CR2E083 (10/03)

City & State

Melbourne FL

Zip

32901

Country

Brevard

City & State

Melbourne FL

Zip

32901

Country

Brevard

4. FEI Number

59-3745759

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, ELIZABETH E  
1688 W HIBISCUS BLVD  
MELBOURNE, FL 32901

address  
change  
only

7. Name and Address of New Registered Agent

Name

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

1682 W Hibiscus Blvd

City

FL

Zip Code

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

EE Kennedy (Elizabeth E Kennedy)

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature is required when reinstating)

4/13/04

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME JMAX LLC  
STREET ADDRESS 1688 W HIBISCUS BLVD  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE MGRM ☐ Delete  
NAME MAP ENTERPRISES OF BREVARD INC  
STREET ADDRESS 1688 W HIBISCUS BLVD  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE MGRM ☐ Delete  
NAME HEATHER GLEN MGMT CORP.  
STREET ADDRESS 1688 W HIBISCUS BLVD.  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

EE Kennedy Elizabeth E Kennedy

4/13/04

321-953-3300

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

Date

Daytime Phone #