

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90231 014 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L01000015733**

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



Principal Place of Business  
**1682 W. HIBISCUS BLVD.  
MELBOURNE, FL 32901**

Mailing Address  
**1682 W. HIBISCUS BLVD.  
MELBOURNE, FL 32901**

**20010002**



02022006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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  
1682 W. HIBISCUS BLVD.  
MELBOURNE, FL 32901**

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JMAX LLC	
STREET ADDRESS	1688 W HIBISCUS BLVD	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MAP ENTERPRISES OF BREVARD INC	
STREET ADDRESS	1688 W HIBISCUS BLVD	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HEATHER GLEN MGMT CORP.	
STREET ADDRESS	1688 W. HIBISCUS BLVD.	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1682 W Hibiscus Blvd	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1682 W Hibiscus Blvd	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1682 W Hibiscus Blvd	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Elizabeth E Kennedy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*2-15-06*

*321 953-3300*

Date

Daytime Phone #