## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 23, 2006 8:00 am Secretary of State 02-23-2006 90231 014 \*\*\*\*50.00

| Principal Place of Business Mailing Address 1682 W. HIBISCUS BLVD. MELBOURNE, FL 32901 MELBOURNE, FL 32901 MELBOURNE, FL 32901  2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc.  O2022006 Chg-LLC CR2E083 (11/05) City & State A. FEI Number 59-3745759 Applied For Required For Required For Required For Required For Required For Required  T. Name and Address of New Registered Agent Name  KENNEDY, ELIZABETH E 1682 W. HIBISCUS BLVD. MELBOURNE, FL 32901  Street Address (P.O. Box Number is Not Acceptable)  Ethe obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the objective of Signature, typed or printed fagent.  Filling Fee is \$50.00 Due by May 1, 2006  MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES   | DOCUMENT # L01000015733  1. Entity Name MOVEOVER, L.L.C. |   |                                   |                                       |             | 2001000           |                                       |               |               |                         |
|--|--|---|-----------------------------------|---------------------------------------|-------------|-------------------|---------------------------------------|---------------|---------------|-------------------------|
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Q2022006   Chg-LLC   CR2E083 (11/05)  | 1682 W. HIBISCUS BLVD.                                   |   | 1682 W. HIBISCUS BLVD             |                                       |             |                   |                                       |               | •             | <b>11</b> 1             |
| City & State  Country  Country  Country  S. Certificate of Status Desired See Required Fee Required Fee Required  Fee Required  To Name and Address of New Registered Agent  Name  KENNEDY, ELIZABETH E 1682 W. HIBISCUS BLVD.  MELBOURNE, FL 32901  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 a the obligations of registered agent.  SIGNATURE  Filling Fee is \$50.00  Due by May 1, 2006  Make check payable to Florida Department of State  | 2. Principal F   | Place of Business                                       | 3. Mailing Address                | ·· <u>·</u>                           |             |                   |                                       |               |               |                         |
| Zip Country Zip Country 5, Certificate of Status Desired \$5.00 Additional Fee Required  6. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent  Name  KENNEDY, ELIZABETH E 1682 W. HIBISCUS BLVD.  MELBOURNE, FL 32901  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. Lam familiar with, and a the obligations of registered agent.  SIGNATURE  Filling Fee is \$50.00  Due by May 1, 2006  Not App \$5.00 Additional Fee Required  City FL Zip Code  Note: Registered Agent signature required when renatating)  Date  Make check payable to Florida Department of State  | Suite, Apt   | . #, etc.   | Suite, Apt. #, etc.               |                                       |             | 02022006          | Chg-LLC                               | CR2E083 (1    | 1/05)         | <b>\</b>                |
| 5. Certificate of Status Desired   | City & Sta   | te  | City & State                      |                                       |             |                   |                                       |               | <del></del>   | olied For<br>Applicable |
| KENNEDY, ELIZABETH E 1682 W. HIBISCUS BLVD. MELBOURNE, FL 32901  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 a 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  Filling Fee is \$50.00  Due by May 1, 2006   | Zip  | Country   | Zip                               | Country                               |             | 5. Certificate o  | of Status Desired_                    |               |               |                         |
| KENNEDY, ELIZABETH E 1682 W. HIBISCUS BLVD. MELBOURNE, FL 32901  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 a the obligations of registered agent.  SIGNATURE  Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  Filling Fee is \$50.00  Due by May 1, 2006   |  | 6. Name and Address of Current                          | Registered Agent                  |                                       |             | 7. Name and       | Address of New R                      |               |               |                         |
| 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 a 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  Filling Fee is \$50.00  Due by May 1, 2006  Make check payable to Florida Department of State  | 1682 W. F  | fIBISCUS BLVD.  |                                   |                                       | ddress (F   | P.O. Box Number   | is Not Acceptable                     | a)<br>        |               |                         |
| the obligations of registered agent.  SIGNATURE  Signature, hybed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  Filling Fee is \$50.00  Due by May 1, 2006  Make check payable to Florida Department of State   | 8. The above   | e named entity submits this statement for               | r the purpose of changing its r   |                                       | register    | ad agent or both  | in the State of Fig                   | FL            | -             |                         |
| Filling Fee is \$50.00 Due by May 1, 2006  NOTE: Registered Agent signature required when reinstating)  Make check payable to Florida Department of State  |  |   | this pulpose of critinging its ti | agistered office of                   | rogistere   | o agent, or both  | i, in the state of the                | maa. ramiomii | Z. ***(, (, ) | and accept              |
| Due By May 1, 2008 Florida Department of State   | SIGNATURE  | Signature, typed or printed name of registered agent is | and title if applicable. (NOTE:   | Registered Agent signati              | re required | when reinstating) |                                       | DATE          |               |                         |
| 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES   |  |   |                                   |                                       |             | 3 g               | AND RESERVED AND THE SECOND PROPERTY. |               |               |                         |
|  | 9.   |   | RS/MANAGERS                       | 10.                                   |             |                   | ADDITIONS/                            |               | ,             |                         |
| MGRM Delete TITLE  NAME  JMAX LLC  STREET ADDRESS  CITY-ST-ZIP  MELBOURNE, FL 32901  ITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MELBOURNE, FL 32901  ITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  | NAME<br>STREET ADDRESS                                   | JMAX LLC<br>1688 W HIBISCUS BLVD                        | ☐ Delete                          | NAME<br>Street Address                | 1683        | w Hib             | iscus Blu                             | _             | Change        | ☐ Addition              |
| TITLE MGRM Delete TITLE MAP ENTERPRISES OF BREVARD INC STREET ADDRESS 1688 W HIBISCUS BLVD STREET ADDRESS 1688 W HIBISCUS BLVD CITY-ST-ZIP MELBOURNE, FL 32901 CITY-ST-ZIP   | NAME<br>STREET ADDRESS                                   | MAP ENTERPRISES OF BREVA<br>1688 W HIBISCUS BLVD        |                                   | name<br>Street address                | 1682        | LW HH             | uscus Blva                            | _             | Change        | Aødition                |
| HITLE MGRM Delete FITLE NAME HEATHER GLEN MGMT CORP. STREET ADDRESS 1688 W. HIBISCUS BLVD. CITY-ST-ZIP MELBOURNE, FL 32901 FITLE NAME STREET ADDRESS 1682 W FLB S CUS BLVD. CITY-ST-ZIP  | NAME<br>STREET ADDRESS                                   | HEATHER GLEN MGMT CORP.<br>1688 W. HIBISCUS BLVD.       | ☐ Delete                          | NAME<br>STREET ADDRESS                | 168         | 2 WH              | ibisan B                              | _             | Change        | Addition                |
| TITLE         Delete         TITLE         Change         I           NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP <td>NAME<br/>STREET ADDRESS</td> <td></td> <td>☐ Delete</td> <td>NAME<br/>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> <td>Change</td> <td>Addition</td>  | NAME<br>STREET ADDRESS                                   |   | ☐ Delete                          | NAME<br>STREET ADDRESS                |             |                   |                                       |               | Change        | Addition                |
| TITLE         Delete         TITLE         Change         AME           NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-S1-ZIP         CITY-S1-ZIP<   | NAME<br>STREET ADDRESS                                   |   | ☐ Delete                          | NAME<br>STREET ADDRESS                |             |                   |                                       |               | Change        | ☐ Addition              |
| TITLE  NAME  NAME  STREET ADDRESS  CITY-S1-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 same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or manager of the same legal effect as if made under oath; that I am a managing member or man | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | _   |                                   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |             |                   |                                       |               | _             | Addition                |