

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90049 008 \*\*\*\*50.00

<b>DOCUMENT # L01000020802</b>																																															
<b>1. Entity Name</b> MOVING ON LLC																																															
<b>Principal Place of Business</b> 4160 ROSEWOOD AVENUE VALKARIA, FL 32950			<b>Mailing Address</b> P.O. BOX 501381 MALABAR, FL 32950																																												
<b>2. Principal Place of Business</b> 1461 Paragon Rd SE Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.		01192005    Chg-LLC    CR2E083 (10/03)																																											
<b>City &amp; State</b> Palm Bay FL		<b>City &amp; State</b>  		<b>4. FEI Number</b> 59-3761082																																											
<b>Zip</b> 32909		<b>Country</b> Brevard		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																																											
<b>6. Name and Address of Current Registered Agent</b> PATACER, MARK 4160 ROSEWOOD AVENUE MALABAR, FL 32950			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____																																												
<b>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.</b>																																															
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>																																															
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 2px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 2px;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 55%; padding: 2px;">           MGR            PATACER, MARK            4160 ROSEWOOD AVENUE            VALKARIA, FL 32950         </td> <td style="width: 10%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete         </td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 55%; padding: 2px;"></td> <td style="width: 10%; padding: 2px; text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;">           MGRM            PATACER, CERISE            4160 ROSEWOOD AVENUE            VALKARIA, FL 32950         </td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition         </td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATACER, MARK 4160 ROSEWOOD AVENUE VALKARIA, FL 32950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATACER, CERISE 4160 ROSEWOOD AVENUE VALKARIA, FL 32950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>																																															
<b>SIGNATURE:</b> <u>Mark Patacer</u> <u>2/8/05</u> <u>(321) 728-3086</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>																																															