

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L02000028147

1. Entity Name  
MOVIUS BIG BEAR, L.C.



Principal Place of Business

798 PELICAN POINT COVE  
BOCA RATON, FL 33431

Mailing Address

798 PELICAN POINT COVE  
BOCA RATON, FL 33431

FILED

05 JUN 10 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05232005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number  
06-1657818

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COHEN, MICHELE  
798 PELICAN POINT COVE  
BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	COHEN, MICHELE
STREET ADDRESS	798 PELICAN POINT COVE
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGR
NAME	MOVIUS, HERBERT III
STREET ADDRESS	4406 SEABRIGHT 22460 G Street
CITY-ST-ZIP	MARINA, CA 93453 SANTA MARGARITA, CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

6/26/10

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06/14/05--01045--013 \*\*50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

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

Date

Daytime Phone #