

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028147

Entity Name: MOVIUS BIG BEAR, L.C.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

798 PELICAN POINT COVE
BOCA RATON, FL 33431

New Principal Place of Business:

798 PELICAN POINT COVE
BOCA RATON, FL 33431 US

Current Mailing Address:

798 PELICAN POINT COVE
BOCA RATON, FL 33431

New Mailing Address:

798 PELICAN POINT COVE
BOCA RATON, FL 33431 US

FEI Number: 06-1657818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COHEN, MICHELE
Address: 798 PELICAN POINT COVE
City-St-Zip: BOCA RATON, FL 33431

Title: MGR () Delete
Name: MOVIUS, HERBERT III
Address: 22960 G STREET
City-St-Zip: SANTA MARGARITA, CA 93453

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COHEN, MICHELE
Address: 798 PELICAN POINT COVE
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR (X) Change () Addition
Name: MOVIUS, HERBERT III
Address: 22960 G STREET
City-St-Zip: SANTA MARGARITA, CA 93453 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHELE COHEN

MGR

03/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date