

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jun 06, 2006  
Secretary of State**

DOCUMENT# L02000031024

Entity Name: MOLO PROPERTIES II, LLC

**Current Principal Place of Business:**

102 COMMERCIAL AVE.  
EAST PALATKA, FL 32131

**New Principal Place of Business:**

**Current Mailing Address:**

102 COMMERCIAL AVE.  
EAST PALATKA, FL 32131

**New Mailing Address:**

FEI Number: 11-3669927      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WATSON, TODD ESQ  
7785 BAYMEADOWS WAY, STE. 107  
JACKSONVILLE, FL 32256 US

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:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: O'CARROLL, MAURICE  
Address: 102 COMMERCIAL AVE.  
City-St-Zip: EAST PALATKA, FL 32131

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: O'CARROLL, LINDA  
Address: 102 COMMERCIAL AVE.  
City-St-Zip: EAST PALATKA, FL 32131

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA O'CARROLL

MP

06/06/2006

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