

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000007388

FILED
Jun 25, 2005
Secretary of State**Entity Name:** 1223 MOLONA HOLDINGS LLC**Current Principal Place of Business:**1223 MOLONA ST
REUNION, FL 34747**New Principal Place of Business:****Current Mailing Address:**1223 MOLONA ST
REUNION, FL 34747**New Mailing Address:**85 LAUREL BROOK RD
MIDDLEFIELD, CT 06455**FEI Number:** 52-2438685**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**POTTER, LINDA
6641 SE 51ST ST
OKEECHOBEE, FL 34974 US**Name and Address of New Registered Agent:**HABERMAN, WILLIAM MR.
900 PONDVIEW COURT
CELEBRATION, FL 34747 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: WILLIAM HABERMAN

06/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: LYNCH, SUSAN
Address: 85 LAUREL BROOK RD
City-St-Zip: MIDDLEFIELD, CT 06455Title: MGRM () Delete
Name: LYNCH, CHARLES
Address: 85 LAUREL BROOK RD
City-St-Zip: MIDDLEFIELD, CT 06455Title: MGRM () Delete
Name: CARLSON, NOREENE
Address: 85 LAUREL BROOK RD
City-St-Zip: MIDDLEFIELD, CT 06455Title: MGRM () Delete
Name: CARLSON, HOWARD
Address: 85 LAUREL BROOK RD
City-St-Zip: MIDDLEFIELD, CT 06455**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip: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 Section 119.07(3)(i), 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: SUSAN LYNCH

MGRM

06/25/2005

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