

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049034

Entity Name: MR. MOVER LLC

FILED
Aug 17, 2005
Secretary of State

Current Principal Place of Business:

540 N. SR 434
SUITE 122
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

5651 COMMERCE DR.
SUITE 6
ORLANDO, FL 32839 US

Current Mailing Address:

540 N. SR 434
SUITE 122
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

5651 COMMERCE DR.
SUITE 6
ORLANDO, FL 32839 US

FEI Number: 20-1341845 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

SVADEBA, JASON J
540 N. SR 434
SUITE 122
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

SVADEBA, JASON J
5651 COMMERCE DR.
SUITE 6
ORLANDO, FL 32839 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: JASON SVADEBA

08/17/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SVADEBA, JASON J
Address: 540 N. SR 434 SUITE#122
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SVADEBA, JASON J
Address: 5651 COMMERCE DR.
City-St-Zip: ORLANDO, FL 32839 US

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: JASON SVADEBA

MGRM

08/17/2005

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