2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072031

Entity Name: MOLIVER L.L.C.

Address:

City-St-Zip:

89 WINTHROP RD.

WINDSOR, CT 06095

FILED Apr 29, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12591 87TH ST. N WEST PALM BEACH, FL 33412 **Current Mailing Address: New Mailing Address:** 12591 87TH ST. N WEST PALM BEACH, FL 33412 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OLIVER, SANDRA 12591 87TH ST. N. WEST PALM BEACH, FL 33412 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: MGRM Title: () Change () Addition () Delete OLIVER, SANDRA Name: Name: Address: 12591 87TH ST. N. Address: City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: OLIVER, WAYNE Name: Address: 12591 87TH ST. N. Address: City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MORALES, CLIVE Name: Name: 89 WINTHROP ROAD Address: Address: City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MORALES, JUDITH Name:

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.

Address:

City-St-Zip:

SIGNATURE: SANDRA OLIVER MGRM 04/29/2006