

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036886

Entity Name: MOLOKAI, LLC

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

7036 CYPRESS BRIDGE CIRCLE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

7036 CYPRESS BRIDGE CIRCLE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-2709493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKBURN & COMPANY, LC
5150 BELFORT RD. SOUTH
BLDG 500
JACKSONVILLE, FL 32256 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: POOLE, CECEILLE D
Address: 7036 CYPRESS BRIDGE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR () Delete
Name: SCHMIDT, THOMAS P
Address: 4526 OAK BAY DRIVE, WEST
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES:

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 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: CECEILLE D. POOLE

MGR

04/24/2006

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