2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2006
Secretary of State

DOCUMENT# L05000066267

Entity Name: MOUSEFFECTS & ASSOCIATES LLC

Current Principal Place of Business:

414 W MAIN ST., STE 209
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

414 W MAIN ST., STE 209
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 35-2257831 **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:

BEYER, TERRY
4840 NE 10TH STREET
OCALA, FL 34470 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:	MGRM	( ) Delete
Name:	WALTAON, ROBERT D	
Address:	5225 GREEN BRIAR LN	
City-St-Zip:	LADY LAKE, FL 32159	
Title:	MGRM	( ) Delete
Name:	HILL, JOE E	
Address:	P.O. BOX 491356	
City-St-Zip:	LEESBURG, FL 34748	
Title:	MGRM	( ) Delete
Name:	PERRY, LARRY A	
Address:	37118 SHADOW WOOD LN	
City-St-Zip:	FRUITLAND PARK, FL 34731	
Title:	MGRM	( ) Delete
Name:	BEYER, TERRY	
Address:	4840 NE 10TH STREET	
City-St-Zip:	OCALA, FL 34470	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	WALTON, ROBERT D	
Address:	5225 GREEN BRIAR DR	
City-St-Zip:	LADY LAKE, FL 32159	
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 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: ROBERT D WALTON MGRM 05/25/2006

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