2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103531

Entity Name: MOGUL CAPITALIST, LLC

165 BRIDLE CROSS ROAD

City-St-Zip: FITCHBURG, MA 01420 US

Address:

FILED Apr 23, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	EBIRD COURT LE, FL 32780	US		
Current Mailing Address:			New Mailing Address:	
1655 BLUEBIRD COURT TITUSVILLE, FL 32780		US		
FEI Number	:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()
Name and	l Address of C	urrent Registered Agent:	Name and Address o	f New Registered Agent:
	SAUL E EBIRD COURT LE, FL 32780	US		
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both
SIGNATUI	RE:			
	Electron	ic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () RIVERA, SAUL 1655 BLUEBIRI TITUSVILLE, FL	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () BREWER, JERI 165 BRIDLE CR FITCHBURG, M	OSS ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM (X) RIVERA, LEYTE 1655 BLUEBIRI TITUSVILLE, FL	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGRM (X) BREWER, YOM	Delete ARY	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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: SAUL E. RIVERA MGM 04/23/2008