


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90124 046 ***138.75

DOCUMENT # M06000004375	
1. Entity Name L.L. MOLDER REAL ESTATE, LLC	

Principal Place of Business 9551 S.E. LEVY COUNTY ROAD 337 DUNNELLON, FL 34431	Mailing Address 9551 S.E. LEVY COUNTY ROAD 337 DUNNELLON, FL 34431
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60002979



01062008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box # 9171 S.E. Levy County Rd 337		3. Mailing Address 9171 S.E. Levy County Rd. 337	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Dunnellon, FL	City & State Dunnellon FL	4. FEI Number 06-1665159	Applied For Not Applicable
Zip 34431	Country U.S.A.	Zip 34431	Country U.S.A.

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MOLDER, LOREL L 9551 S.E. LEVY COUNTY ROAD 337 DUNNELLON, FL 34431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOLDER, LOREL L 9551 S.E. LEVY COUNTY ROAD 337 DUNNELLON, FL 34431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Lorel L. Molder LOREL L. MOLDER 1/16/2008 352-322-0921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #