
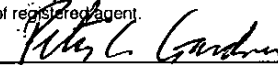
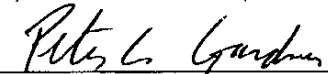


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90155 011 ****50.00

DOCUMENT # L05000069011					
1. Entity Name 18 NONANTUM, LLC					
Principal Place of Business 8211 W BROWARD BLVD PH2 FORT LAUDERDALE, FL 33324			Mailing Address 8211 W BROWARD BLVD PH2 FORT LAUDERDALE, FL 33324		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3987320	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DANIELS, NICHOLAS M 8211 W BROWARD BLVD PH2 FORT LAUDERDALE, FL 33324			Name PETER C GARDNER		
			Street Address (P.O. Box Number is Not Acceptable) 8211 W. BROWARD BLVD		
			PH2		
			City PLANTATION FL Zip Code 33324		
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 			DATE		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, PETER C		NAME		
STREET ADDRESS	8211 W BROWARD BLVD PH2		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 60B, Florida Statutes.					
SIGNATURE: 			PETEK C GARDNER VP		Date 2-26-07 954 729335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					Daytime Phone #