

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112214

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** FIRST NOVA STAR ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

2220 RABBIT HOLLOWE CIRCLE  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

2220 RABBIT HOLLOWE CIRCLE  
DELRAY BEACH, FL 33445

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE, FL 333114132 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: LEMBOVSKI, VLADE  
Address: 2220 RABBIT HOLLOWE CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM ( ) Delete  
Name: LEMBOVSKI, KATHERINE  
Address: 2220 RABBIT HOLLOWE CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

**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: VLADE LEMBOVSKI

MGRM

04/27/2006

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