


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90066 025 ****50.00

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DOCUMENT # L06000046350					
1. Entity Name NASTEE BOYS, L.L.C.					
Principal Place of Business 2814 S.W. 13TH STREET GAINESVILLE, FL 32607 US			Mailing Address 2814 S.W. 13TH STREET GAINESVILLE, FL 32607 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02052007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number <i>20-481-2089</i>	
				Applied For Not Applicable	
				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		
AVERA, MARK 2814 S.W. 13TH STREET GAINESVILLE, FL 32607			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 <i>(NO CHANGE)</i>			DATE <i>2/7/07</i>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating) 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	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AVERA, MARK	NAME			
STREET ADDRESS	209 N.W. 117TH WAY	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32607	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEFF, JAMES A	NAME			
STREET ADDRESS	9809 N.W. 59TH TERRACE	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32653	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHERMYEN, JOHN	NAME			
STREET ADDRESS	2814 S.W. 13TH STREET	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32608	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TEEGEN, JOHN	NAME			
STREET ADDRESS	8440 A1A SOUTH	STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080	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			
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: <i>Mark Avera</i> MARK A. AVERA		DATE: <i>2/7/07</i>		PHONE: <i>352-372-9999</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	