
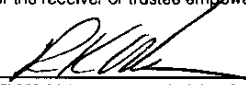


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90156 039 \*\*\*\*50.00

<b>DOCUMENT # L02000020552</b> 1. Entity Name 1801 NOVA ROAD, LLC					
Principal Place of Business 1440 NOVA ROAD, SUITE 301 HOLLY HILL, FL 32117			Mailing Address 1440 NOVA ROAD, SUITE 301 HOLLY HILL, FL 32117		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State Daytona Beach		City & State Daytona Beach		4. FEI Number 56-2297687	
Zip 		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  MARTIN, RICHARD K 1440 NOVA ROAD SUITE 301 HOLLY HILL, FL 32117				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City Daytona Beach 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 _____ (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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN DAYTONA CORPORATION 1440 NOVA ROAD, SUITE 301 HOLLY HILL, FL 32117		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Daytona Beach, FL 32117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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	
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	
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 exemption stated in Section 119.07(3)(i), 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: 			Date: 1/14/05 Daytime Phone #: 386-238-5577		

20006423



01132005 Chg-LLC CR2E083 (10/03)