2006 LIMITED LIABILITY COMPANY ... ANNUAL REPORT (AR)

SIGNATURE:

ANNUAL REPORT (AR)				FILED		
DOCUI 1. Entity Nam NEST EG		12		Feb 16, 2006 Secretary		
			See In the			
Principal Place of Business 1100 POINT OF ROCKS RD.		Mailing Address 1100 POINT OF ROCKS RD.				
SARASOTA		SARASOTA FL 34242				
2. Principal Place of Business		3. Mailing Address		The state of the s		4, 11, 144,
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CRZE	083 (10/05)	
City & State		City & State		4. FEI Number 65-1013364 Applied For Not Applied		
Z(p	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Addit	tional
	6. Name and Address of Currer	t Registered Agent	Name	7. Name and Address of New Register	red Agent	
FLOOD, DONALD F						
110	O PÓINT ÓF ROCKS ROAD ASOTA FL 34242)	Street Address	s (P.O. Box Number is Not Acceptable)		
SAF	MASOTA FL 34242					
			City		FL Zip Code	
	named entity submits this statement ions of registered agent.	for the purpose of changing it	s registered office or registr	ered agent, or both, in the State of Florida. I	am femiliar with, a	and accept
SIGNATURE	Signature, typed or printed name of registered age	nt and title it emplicable (NO)	TE. Registered Agent signature requir	red when renstation) D/	A7E	
}	and mature, 19 mar of president value of registerior regis		IOW!!! FEE IS \$50.00	MARINE CONTRACTOR		
		Make Check Paya	ble to Florida Departm			
			ie By May 1, 2006			
9.	T	BERS/MANAGERS	to.	ADDITIONS/CHAN		Additio
TITLE NAME	MGRM FLOOD, DONALD	☐ Belete	TITLE NAME	U0000043617 02/27/06-80027	5 □ Change '—NO4 50 NO	oilibbA 🔲 T
STREET ADDRESS	1100 POINT OF ROCKS RD.		STREET ADDRESS	DEFE (7 00 000E)	007 30.00	,
CITY-SI-ZIP	SARASOTA FL 34242		CITY-ST-ZIP			
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NAMC STREET ADDRESS			name Street address			
CITY-ST-ZIP			CITY-ST-ZIP			
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NAME	{		NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	partity that the information areas!"-	with this films done not au-tit	CRY-ST-ZIP	ned in Serting 119 Finrida Statutes I furthe	er certify that the in	น์กรุงกละโกก
indicated limited li	certify that the information subplied to the on this report is true and accurate a ability company or the receiver or true	and that my signature shall he stee empowered to execute the	ave the same legal effect and in report as required by Ch	ned in Section 119, Florida Statutes. I furthe s if made under oath; that I am a managing apter 608, Florida Statutes.	member or mana	ger of the

941-349-3900

2-13-06