


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000002820**

1. Entity Name  
**NEXGEN, LLC**



Principal Place of Business <b>300 INTERNATIONAL PARKWAY          SUITE 270          HEATHROW, FL 32746</b>	Mailing Address <b>300 INTERNATIONAL PARKWAY          SUITE 270          HEATHROW, FL 32746</b>
--	--

**DO NOT WRITE IN THIS SPACE**



04252006No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>59-3703451</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CAHALL, PETER S  
 300 INTERNATIONAL PARKWAY  
 SUITE 270  
 HEATHROW, FL 32746-5028**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAHALL, PETER S 300 INTERNATIONAL PKWY, #270 HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPISI, JAMES H 300 INTERNATIONAL PKWY, #270 HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000550727  
 05/13/06-80072-018 50.00

**DO NOT WRITE IN THIS SPACE**

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: James M. Campisi Date: 4/26/06 Daytime Phone #: (407) 333-2906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE