

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000011650 1. Entity Name NOVECK & NOVECK, L.L.C.	
---	---

Principal Place of Business 810 JACARANDA DR LARGO, FL 33770	Mailing Address 810 JACARANDA DR LARGO, FL 33770
--	--

DO NOT WRITE IN THIS SPACE



02202008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3730915	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent NOVECK, JACQUELINE 810 JACARANDA DR LARGO, FL 33770
--

**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:  <u>2/20/06</u> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
--

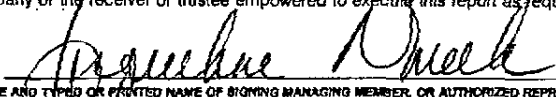
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOVECK, GARY C 810 JACARANDA DR LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOVECK, JACQUELINE 810 JACARANDA DR LARGO, FL 33770
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	

1110000445192
03/07/06-80033-014 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	<u>2/20/06</u> <u>7275181512</u> Date Daytime Phone #
--	---