


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT.

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000002095
 1. Entity Name
 NEHUSHTAN LLC



| | |
|---|---|
| Principal Place of Business 3801 BEE RIDGE ROAD SUITE 8 SARASOTA, FL 34233 | Mailing Address 3801 BEE RIDGE ROAD SUITE 8 SARASOTA, FL 34233 |
|---|---|



04192004 No Chg-LLC CR2E083 (10/03)

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| | |
|---|--------------------------------|
| 4. FEI Number 65-1074042 | 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
 PRUETT, BRIAN J.
 4917 OLD CREEK DRIVE
 SARASOTA, FL 34233

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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, 2004

000000152958
 05/04/04-80107-004 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRP PRUETT, BRIAN J 4917 OLD CREEK DRIVE SARASOTA, FL 34233 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP PRUETT, DEBORAH H 4917 OLD CREEK DRIVE SARASOTA, FL 34233 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Brian Pruett **BRIAN J. PRUETT** 941-922-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #