

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SD-11

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 18 AM 11:36

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

DO NOT WRITE IN THIS SPACE



04182006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1074042

Applied For
Not Applicable

5. Certificate of Status Desired \$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 _____

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 MGRP
NAME PRUETT, BRIAN J
STREET ADDRESS 4917 OLD CREEK DRIVE
CITY-ST-ZIP SARASOTA, FL 34233

TITLE VP
NAME PRUETT, DEBORAH H
STREET ADDRESS 4917 OLD CREEK DRIVE
CITY-ST-ZIP SARASOTA, FL 34233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

100078270321
08/02/06--01033--004 **\$50.00

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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

Date

Daytime Phone #

4/25/06