

**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
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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 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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

Date: 4/25/06 \_\_\_\_\_  
Date

Daytime Phone # \_\_\_\_\_  
Daytime Phone #