


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90005 036 ****50.00

DOCUMENT # L02000020552	
1. Entity Name 1801 NOVA ROAD, LLC	

Principal Place of Business 1440 NOVA ROAD, SUITE 301 DAYTONA BEACH FL 32117	Mailing Address 1440 NOVA ROAD, SUITE 301 DAYTONA BEACH FL 32117
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2. Principal Place of Business 1440 N. NOVA RD	3. Mailing Address 1440 N. NOVA RD
Suite, Apt. #, etc. 301	Suite, Apt. #, etc. 301
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number 56-2297687	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, RICHARD K 1440 NOVA ROAD SUITE 301 DAYTONA BEACH FL 32117	
7. Name and Address of New Registered Agent Name MARTIN, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 1440 N. NOVA RD. City DAYTONA BCH FL Zip Code 32117	

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)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN DAYTONA CORPORATION 1440 NOVA ROAD, SUITE 301 DAYTONA BEACH FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____