

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000027005

1. Entity Name
NAUTILUS ASSOCIATION MANAGEMENT, LLC



Principal Place of Business
**4623 NW 53RD AVENUE
GAINESVILLE, FL 32606**

Mailing Address
**4623 NW 53RD AVENUE
GAINESVILLE, FL 32606**



01092006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0803174

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KARAHALIOS, MICHELE-RENEE
4623 NW 53RD AVENUE
GAINESVILLE, FL 32606**

**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

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
**MGRM
KARAHALIOS, ETSTATHIOS
4623 NW 53 AVE.
GAINESVILLE, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
KARAHALIOS, MICHELE-RENEE
4623 NW 53 AVENUE
GAINESVILLE, FL 32606**

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1000000940682
01/24/06-80092-002 50.00

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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:

N. Karahalios

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/16/06 *35237533*

Date

Daytime Phone #