


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 29, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # L02000029787</b>		
1. Entity Name <b>NOVA REAL ESTATE DEVELOPMENT, LLC</b>		
Principal Place of Business <b>4963 PELICAN MANOR COCONUT CREEK, FL 33073</b>		Mailing Address <b>4963 PELICAN MANOR COCONUT CREEK, FL 33073</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145</b>		
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: <u><i>Joe Carrero</i></u> <span style="float: right;">3/24/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE</span>		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARRERO, JOSE 4963 PELICAN MANOR COCONUT CREEK, FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEISER, EVELYN 4963 PELICAN MANOR COCONUT CREEK, FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VELEZ, MELINDA 4963 PELICAN MANOR COCONUT CREEK, FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Joe Carrero</i></u> <span style="float: right;">3/24/04</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <span style="float: right;">Date Daytime Phone #</span>		



02192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**06-1660007**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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U000000098754  
03/29/04-80054-001 50.00

U000000098754  
03/29/04-80054-002 5.00

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IN THIS SPACE**