2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Mar 12, 2005 08:00 AM Secretary of State **DOCUMENT # L03000002486** 1. Entity Name NIT HOLDINGS, LLC Principal Place of Business Mailing Address 501 PULLMAN ROAD 12 WOODLAKE DR PORT ORANGE, FL 32129 EDGEWATER, FL 32132 03042005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 48-1301904 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent BOLERJACK, DAN DO NOT WRITE **42 SO PENINSULA** DAYTONA BEACH, FL 32118 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, based or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE Filing Fee is \$50.00 Due by May 1, 2005 UNONNO259994 MANAGING MEMBERS/MANAGERS MGRM TITLE WARNING, WALTER NAME STREET ADDRESS 501 PULLMAN ROAD CITY-ST-ZIP EDGEWATER, FL 32132 MGRM TITLE SCHNEIDER, DARWIN NAME 123 SO_STREET STREET ADDRESS CITY-ST-ZIP OAK HILL, FL MGRM TITLE MARTIN, JOE NAME STREET ADDRESS 12 WOODLAKE DR DO NOT WRITE PORT ORANGE, FL 32129 CITY-\$T-ZIP IN THIS SPACE me NAME STREET ADDRESS CITY-ST-ZIP 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: