

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002486

Entity Name: NIT HOLDINGS, LLC

FILED
May 21, 2006
Secretary of State

Current Principal Place of Business:

501 PULLMAN ROAD
EDGEWATER, FL 32132

New Principal Place of Business:

Current Mailing Address:

12 WOODLAKE DR
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 48-1301904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BOLERJACK, DAN
42 SO PENINSULA
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WARNING, WALTER
Address: 501 PULLMAN ROAD
City-St-Zip: EDGEWATER, FL 32132

Title: MGRM () Delete
Name: SCHNEIDER, DARWIN
Address: 123 SO. STREET
City-St-Zip: OAK HILL, FL

Title: MGRM () Delete
Name: MARTIN, JOE
Address: 12 WOODLAKE DR
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOE D. MARTIN

MGRM

05/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date