

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000008547

1. Entity Name  
1025 SOUTH NOVA ROAD, LLC



Principal Place of Business  
8 WATERFRONT COURT  
ORMOND BEACH, FL 32174

Mailing Address  
8 WATERFRONT COURT  
ORMOND BEACH, FL 32174



03252005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0796785	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HENDRIX, RANDALL L  
8 WATERFRONT COURT  
ORMOND BEACH, FL 32174

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HENDRIX, RANDALL L
STREET ADDRESS	8 WATERFRONT CT
CITY- ST- ZIP	ORMOND BEACH, FL 32174

TITLE	MGRM
NAME	HENDRIX, ZOE A
STREET ADDRESS	8 WATERFRONT CT
CITY- ST- ZIP	ORMOND BEACH, FL 32174

TITLE	
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U00000281130  
03/30/05-80047-011 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: X Randall L Hendrix RANDALL L HENDRIX 3-28-05 386-451-4018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #