2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022853

Entity Name: NADA TRUST, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
101 NE 2ND ST. OCALA, FL 34470	315 NE 14TH STREET OCALA, FL 34470

Current Mailing Address:	**New Mailing Address:**
101 NE 2ND ST. OCALA, FL 34470	315 NE 14TH STREET OCALA, FL 34470

FEI Number: 42-1733628   **FEI Number Applied For ( )**   **FEI Number Not Applicable ( )**   **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
HICKS, DANIEL 421 SOUTH PINE AVE. OCALA, FL 34474 US	POTTER-LEVANE, MARGARET A 315 NE 14TH STREET OCALA, FL 34470 US

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: MARGARET A. POTTER-LEVANE   01/25/2008
_____   _____
               Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title:	MGRM ( ) Delete		Title:	MGRM (X) Change ( ) Addition
Name:	ROBERSON, CODA III		Name:	ROBERSON, CODA III
Address:	101 NE 2ND ST.		Address:	315 NE 14TH STREET
City-St-Zip:	OCALA, FL 34470		City-St-Zip:	OCALA, FL 34470

Title:	MGRM ( ) Delete		Title:	MGRM (X) Change ( ) Addition
Name:	POTTER-LEVANE, MARGARET A		Name:	POTTER-LEVANE, MARGARET A
Address:	101 NE 2ND STREET		Address:	315 NE 14TH STREET
City-St-Zip:	OCALA, FL 34470		City-St-Zip:	OCALA, FL 34470

I hereby certify that the information supplied with this filing does not qualify 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: MARGARET A. POTTER-LEVANE   MGMR   01/25/2008
_____
       Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date