


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90424 024 ****50.00

DOCUMENT # L03000028978	
1. Entity Name NEXUS CAPITAL, LLC	

Principal Place of Business 11710 ROSEMONT DR. FT MYERS, FL 33913	Mailing Address 11710 ROSEMONT DR. FT MYERS, FL 33913
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60060411

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <i>C/O SV CAP MGT</i> <i>1140 AVE OF THE AMERICAS</i> Suite, Apt. #, etc. <i>SUITE 707</i> City & State <i>N.Y., N.Y.</i> Zip <i>10036</i> Country <i>USA</i>
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02092005 Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE 01-0819267	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 PISARIS-HENDERSON, CRAIG A 11710 ROSEMONT DR. FT MYERS, FL 33913	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PISARIS-HENDERSON, CRAIG 11710 ROSEMONT DR. FT MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  *Craig A. Pisaris-Henderson* 3/25/05 (239) 490-9513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #