

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039372

Entity Name: NERVE, L.L.C.

FILED
Jan 13, 2005
Secretary of State

Current Principal Place of Business:

657 OCEANSHORE BLVD.
ORMOND BEACH, FL 32176

New Principal Place of Business:

118 N BEACH STREET
DAYTONA BEACH, FL 32114

Current Mailing Address:

657 OCEANSHORE BLVD.
ORMOND BEACH, FL 32176

New Mailing Address:

118 N BEACH STREET
DAYTONA BEACH, FL 32114

FEI Number: 71-0954164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINN, NICOLE M
657 OCEANSHORE BLVD.
ORMOND BEACH, FL 32176 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/MEMBERS:

Title: MGRM () Delete
Name: LINN, NICOLE M
Address: 657 OCEANSHORE BLVD.
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGRM () Delete
Name: PRUITT, SUZANNE
Address: 657 OCEANSHORE BLVD.
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGRM () Delete
Name: HODGES, RHONDA
Address: 657 OCEANSHORE BLVD.
City-St-Zip: ORMOND BEACH, FL 32176

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 Section 119.07(3)(i), 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: NICOLE LINN

MGMR

01/13/2005

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