

**2007 LIMITED LIABILITY COMPANY.
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000050825 1. Entity Name NOKOMIS REAL ESTATE VENTURE, LLC	
---	---

Principal Place of Business 119 TAMiami TRAIL NOKOMIS, FL 34275	Mailing Address 119 TAMiami TRAIL NOKOMIS, FL 34275
---	---

DO NOT WRITE IN THIS SPACE



04202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0464853	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WALLACK, MICHAEL M ESQ.
27 FLETCHER AVENUE
SARASOTA, FL 34237**

**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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DRAGASH, DANIEL D 1241 SOUTH VIEW DRIVE SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HUSTON, TOM 4251 SALZEDO ST #701 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000724958
05/03/07-80003-003 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Daniel D Dragash* 4/20/07 941-484-1305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #