

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051156

FILED  
Jul 12, 2005  
Secretary of State

Entity Name: NOW, LLC

**Current Principal Place of Business:**

4621 FISHER ISLAND DR.  
FISHER ISLAND, FL 33101

**New Principal Place of Business:**

**Current Mailing Address:**

4621 FISHER ISLAND DR.  
FISHER ISLAND, FL 33101

**New Mailing Address:**

200 PEQUOT AVENUE  
SOUTHPORT, CT 06890

FEI Number: 55-0860258      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MEYER, PATRICK F  
Address: 4621 FISHER ISLAND DRIVE  
City-St-Zip: FISHER ISLAND, FL 33101

Title: MGR ( ) Delete  
Name: AUSTIN, ROBIN P  
Address: 200 PEQUOT AVENUE  
City-St-Zip: SOUTHPORT, CT 06890

**ADDITIONS/CHANGES:**

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: PATRICK MEYER

MGR

07/12/2005

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