

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90426 013 ****50.00

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02152006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000016128					
1. Entity Name NEPENTHES, LLC					
Principal Place of Business 12399 OVERSEAS HIGHWAY MARATHON, FL 33050			Mailing Address 12399 OVERSEAS HIGHWAY MARATHON, FL 33050		
2. Principal Place of Business 2320 DODGE DRIVE		3. Mailing Address 2320 DODGE DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DAYTONA BEACH FL		City & State DAYTONA BEACH FL		4. FEI Number 20-0850620	
Zip 32118		Country U.S.A.		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					
DODD, CLIFFORD M II 12399 OVERSEAS HIGHWAY MARATHON, FL 33050					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable) 2320 DODGE DRIVE					
City DAYTONA BEACH FL Zip Code 32118					
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, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DODD, CLIFFORD M II 12399 OVERSEAS HWY MARATHON, FL 33050	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2320 DODGE DRIVE DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DODD, NINA 12399 OVERSEAS HWY MARATHON, FL 33050	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2320 DODGE DRIVE DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Clifford M. Dodd II</u> 2/23/06 386 255-6152					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

2/15/06:JFW:CB