

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90016 015 \*\*\*\*50.00

<b>DOCUMENT # L04000032341</b> 1. Entity Name <b>NOVENTA OCHO, LLC</b>			
Principal Place of Business <b>30 SOUTH SHORE DRIVE DESTIN, FL 32550</b>		Mailing Address <b>30 SOUTH SHORE DRIVE DESTIN, FL 32550</b>	
2. Principal Place of Business <b>543 Harbor Blvd</b> Suite, Apt. #, etc. <b>501</b>		3. Mailing Address <b>543 Harbor Blvd</b> Suite, Apt. #, etc. <b>501</b>	
City & State <b>Destin FL</b> Zip <b>32541</b>		City & State <b>Destin FL</b> Zip <b>32541</b>	
4. FEI Number <b>65-1228431</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CADENHEAD, CHRIS 30 SOUTH SHORE DRIVE DESTIN, FL 32550</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>543 Harbor Blvd #501</b>  City <b>Destin</b> <b>FL</b> Zip Code <b>32541</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRM ANCHORS, LARRY 30 SOUTH SHORE DRIVE DESTIN, FL 32550</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>543 Harbor Blvd #501 Destin FL 32541</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRM ROGERS, WAYNE 30 SOUTH SHORE DRIVE DESTIN, FL 32550</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>543 Harbor Blvd #501 Destin FL 32541</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRM BURGESS, JIM 30 SOUTH SHORE DRIVE DESTIN, FL 32550</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>543 Harbor Blvd #501 Destin FL 32541</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRM Chris Cadenhead 543 Harbor Blvd #501 Destin FL 32541</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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 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.			
<b>SIGNATURE:</b> <u>Chris Cadenhead</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>4/21/05</b> <b>850-837-5509</b> <small>Date Daytime Phone #</small>	

30006786



04142005 Chg-LLC CR2E083 (10/03)