2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000036331

1. Entity Name NASSAU DEVELOPERS, LLC



FILED Feb 23, 2007 08:00 A. Secretary of State

Principal Place of Business

Mailing Address

4686 SUNBEAM ROAD SUITE 102 JACKSONVILLE, FL 32257

CELLAR, WILLIAM J 4686 SUNBEAM ROAD JACKSONVILLE, FL 32256 **4686 SUNBEAM ROAD SUITE 102**

JACKSONVILLE, FL 32257



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1127872 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

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	named entity submits this statement for the purpose of chara- tions of registered agent.	ging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	ling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CELLAR, WILLIAM J 4686 SUNBEAM ROAD, SUITE 102 JACKSONVILLE, FL 32257		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		n d	00 000646358 6707-80028-003-55.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THI	S SPACE
TITLE NAME Street Address City-St-Zip			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·	·	

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: /

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE