


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90211 029 ****50.00

DOCUMENT # L04000052903		
1. Entity Name NUVET PRODUCTS, LLC		

Principal Place of Business 8368 GARDEN ROAD RIVIERA BEACH FL 33404	Mailing Address 8368 GARDEN ROAD RIVIERA BEACH FL 33404
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2. Principal Place of Business		3. Mailing Address 3740 SOUTH OCEAN Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 810	
City & State		City & State HIGHLAND BEACH FL	
Zip	Country	Zip	Country
33487	USA	33487	USA

1st MOORE CR2E083 (10/04)

4. FEI Number 52-1738504	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 MELMAN, STEVE 8368 GARDEN ROAD RIVIERA BEACH FL 33404		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 *SM* (NOTE: Registered Agent signature required when reinstating) DATE 4/5/05

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MELMAN, STEVE 8368 GARDEN ROAD RIVIERA BEACH FL 33404 <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
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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 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.

SIGNATURE: *SM* **STEVEN A. MELMAN UMD** DATE 4/5/05 **301 983-8387**

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