2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000060558 1. Entity Name NASSAUVILLE, L.L.C.

Principal Place of Business

8 SOUND POINT PLACE AMELIA ISLAND, FL 32034 Mailing Address

8 SOUND POINT PLACE AMELIA ISLAND, FL 32034

FILED Apr 25, 2007 08:00 A Secretary of State



01162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
30-0270587	[Not Applicable
5. Certificate of Status Desired	\$5.00 Additional	

				1 99 1/6doiled
	6. Name and Address of Current Registered Agent			
8 SOUND	ROBERT W III POINT PLACE IINA BEACH, FL 32034		DO NOT WR IN THIS SPA	, H , 1
	named entity submits this statement for the purpose of changin ions of registered agent.	ig its registered office or register	ed 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
A CONTROL OF	ling Fee is \$50.00 ue by May 1, 2007			9292 034-010 50.00
9.	MANAGING MEMBERS/MANAGERS		es a compression of	The state of the s
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM SELTON, ROBERT W III 8 SOUND POINT PLACE AMELIA ISLAND, FL 32034 MGRM SELTON, CARRIE A 8 SOUND POINT PLACE			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMELIA ISLAND, FL 32034		DO NOT WR	la de la care de la ca
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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 NEMBER, OR AUTHORIZED REPRESENTATIVE

4/21/07 (904