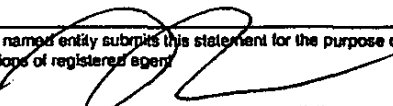


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90134 019 ****50.00

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DOCUMENT # L04000079914 1. Entity Name NOVA SOTA, LLC					
Principal Place of Business RR #2, 1415 GRANT ROAD MALAGASH, NOVA SCOTIA CANADA B0K1E0,				Mailing Address 22 S. LINKS AVENUE, SUITE 300 SARASOTA, FL 34236	
2. Principal Place of Business Dunlap & Moran, P.A.		3. Mailing Address Dunlap & Moran, P.A.			
Suite, Apt. #, etc 1990 Main Street, Ste. 700		Suite, Apt. #, etc PO Box 3948			
City & State Sarasota, FL		City & State Sarasota, FL		4. FEI Number 65-1244963	
Zip 34236		Country Sarasota		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LUZIER, THOMAS B ESQ. C/O DUNLAP & MORAN, P.A. 22 S. LINKS AVENUE SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Luzier, Thomas B. Esq. Street Address (P.O. Box Number is Not Acceptable) Dunlap & Moran, P.A. 1990 Main Street, Suite 700 City Sarasota FL Zip Code 34236			
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  Thomas B. Luzier DATE 3/22/05 Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOWER, PHILIP J RR #2, 1415 GRANT ROAD MALAGASH, NOVA SCOTIA, CANADA,	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: Philip John Bower SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			3/21/05 902-257-2855 Date Daytime Phone #		