

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000086660

1. Entity Name
N900E, LLC



Principal Place of Business
1025 NE DOUBLOON DRIVE
STUART, FL 34996

Mailing Address
1025 NE DOUBLOON DRIVE
STUART, FL 34996

FILED
Jan 24, 2007 08:00 AM
Secretary of State



01102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1967065

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EUSTACE, ROBERT R
1025 NE DOUBLOON DRIVE
STUART, FL 34996

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

U000000601671
01/26/07-80058-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	EUSTACE, ROBERT R
STREET ADDRESS	1025 NE DOUBLOON DRIVE
CITY-ST-ZIP	STUART, FL 34996
TITLE	MGRM
NAME	EUSTACE, ELSA M
STREET ADDRESS	1025 NORTHEAST DOUBLOON DRIVE
CITY-ST-ZIP	STUART, FL 34996
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Robert R Eustace

1-17-07

772-225-9967

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

Date

Daytime Phone #