2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 12, 2006 8:00 am Secretary of State

1. Entity Nan	MENT # L0400009 NOVATORS OF FLORIDA			01-12-2006 90039 009 ****50.00	
Principal Plac	ce of Business	Mailing Address			
220 ANN CIF		220 ANN CIRCLE		00000000	
SUITE 4			20000542		
DESTIN, FL	32541 US	DESTIN, FL 32541	US	, ,	
		·			III
Principal Place of Business 3. Mailing Address					
				•••	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092006 Chg-LLC CR2E083 (11/05)	
City & State		City & State		4. FEI Number Applied F	For
ļ				38-3715598 Not Appli	icable
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required	
-	6. Name and Address of Curre	I ent Registered Agent		7. Name and Address of New Registered Agent	
	* *	-	Name		
	CRAIG H 🐾				
	AN TRAIL 🗽		Street Addres	ss (P.O. Box Number is Not Acceptable)	
#105 DESTIN, FL 32541				· · · · · · · · · · · · · · · · · · ·	
DESTIN, F	-L 32541				
			City	FL Zip Code	
8. The above	named entity submits this statemen	t for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and ac	ccent
the obliga	tions of registered agent.	in the perpendicular of the same of the sa	regional amon ar regio	stored agont, or body, in the blate of horizon. I am familiar with, and ac	ocepi
0.0	.•				
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating) DATE	_
	7+				
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to	
				Florida Department of State	
<u> </u>		100000000000000000000000000000000000000			
9.	MANAGING MEN	IBERS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE NAME	BARKER, CRAIG H	☐ Delete	TITLE	☐ Change ☐ Ad	ddition
STREET ADDRESS	3863 INDIAN TRAIL #105		NAME STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP	•	
TITLE	MGR				4 13-3
NAME	BARKER, CALLIE R	☐ Delete	TITLE NAME	☐ Change ☐ Ac	ddition
STREET ADDRESS	3863 INDIAN TRAIL #105		STREET ADDRESS		
CITY-ST-ZIP	DESTIN. FL 32541		CITY-ST-ZIP		
TITLE	DESTIN, 12 02041				
NAME		☐ Delete	TITLE NAME	Change Ac	ddition
STREET ADDRESS		·	STREET ADDRESS		
CITY-ST-ZIP	1		CITY-ST-ZIP		
TITLE		☐ Delete	-	[^{bh}] Charry	adii:
NAME		∟ Delete	TITLE	Change Ac	ddition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		∏ Dalata		C Chart	
NAME]	☐ Delete	TITLE NAME	☐ Change ☐ Ac	ddition
	4		STREET ADORESS		

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.

Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

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

CITY-ST-ZIP

STREET ADDRESS

City-ST-ZIP

TITLE

NAME

1/9/06

850-837-5082

☐ Change ☐ Addition

Date

Daytime Phone #