

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-02-2007 90190 027 ****50.00

30003510



1st MOORE CR2E083 (10/06)

DOCUMENT # L05000006112			
1. Entity Name 2811 S. NOVA ROAD, LLC		Mailing Address PO BOX 9686 DAYTONA BEACH FL 32120-9686	
Principal Place of Business 2811 S. NOVA ROAD SOUTH DAYTONA FL 32119		Mailing Address PO BOX 9686 DAYTONA BEACH FL 32120-9686	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BARKIN, MARSHALL H 149 S. RIDGEWOOD AVE., SUITE 710 DAYTONA BEACH FL 32114		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			

4. FEI Number **20-2235898** Applied For
 AP-PLIED FOR Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ANDRUS, JOHN O PO BOX 9686 DAYTONA BEACH FL 32120-9686 <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	MGRM ANDRUS, ALICE A PO BOX 9686 DAYTONA BEACH FL 32120-9686 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Alice A. Andrus* ALICE A. ANDRUS 2/21/07 386-767-9710
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytona Phone #

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-2235898 OMB No. 1545-0003																						
1* Legal name of entity (or individual) for whom the EIN is being requested 2811 SOUTH NOVA ROAD LLC																										
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name																							
4a* Mailing address (room, apt., suite no. and street, or P.O. box) PO Box 9686			5a Street address (if different) (Do not enter a P.O. box)																							
4b* City, state, and ZIP code Daytona Beach FL 32120 - 9686			5b City, state, and ZIP code																							
6* County and state where principal business is located County Volusia State FL																										
7a* Name of principal officer, general partner, grantor, owner, or trustor John O Andrus			7b* SSN, ITIN, EIN 524-38-0973																							
8a* Type of entity (check only one) <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Sole Proprietor (SSN)</td> <td><input type="checkbox"/> Estate (SSN of decedent)</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Plan administrator (SSN)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Corporation (enter form number to be filed) ▶</td> <td><input type="checkbox"/> Trust (SSN of grantor)</td> <td><input type="checkbox"/> State/local government</td> </tr> <tr> <td><input type="checkbox"/> Personal Service</td> <td><input type="checkbox"/> National Guard</td> <td><input type="checkbox"/> Federal government/military</td> </tr> <tr> <td><input type="checkbox"/> Church or church-controlled organization</td> <td><input type="checkbox"/> Farmers' cooperative</td> <td><input type="checkbox"/> Indian tribal government/enterprises</td> </tr> <tr> <td><input type="checkbox"/> Other nonprofit organization (specify) ▶</td> <td><input type="checkbox"/> REMIC</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶</td> <td>Group Exemption NO. (GEN) ▶</td> <td></td> </tr> </table>						<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)		<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)		<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (SSN of grantor)	<input type="checkbox"/> State/local government	<input type="checkbox"/> Personal Service	<input type="checkbox"/> National Guard	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Indian tribal government/enterprises	<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> REMIC		<input type="checkbox"/> Other (specify) ▶	Group Exemption NO. (GEN) ▶	
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8b If a corporation, name the state or foreign country (if applicable) where incorporated		State		Foreign country																						
9* Reason for applying (check only one) <table border="0" style="width:100%"> <tr> <td><input checked="" type="checkbox"/> Started new business (specify type) ▶ LLC</td> <td><input type="checkbox"/> Banking purpose (specify purpose) ▶</td> </tr> <tr> <td><input type="checkbox"/> Hired employees (Check the box and see line 12)</td> <td><input type="checkbox"/> Changed type of organization (specify new type) ▶</td> </tr> <tr> <td><input type="checkbox"/> Compliance with IRS withholding regulations</td> <td><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶</td> <td><input type="checkbox"/> Created a trust (specify type) ▶</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Created a pension plan (specify type) ▶</td> </tr> </table>						<input checked="" type="checkbox"/> Started new business (specify type) ▶ LLC	<input type="checkbox"/> Banking purpose (specify purpose) ▶	<input type="checkbox"/> Hired employees (Check the box and see line 12)	<input type="checkbox"/> Changed type of organization (specify new type) ▶	<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶		<input type="checkbox"/> Created a pension plan (specify type) ▶											
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10* Date business started or acquired (month, day, year) JAN 20 2005			11* Closing month of accounting year DEC																							
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: if applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶																										
13 Highest number of employees expected in the next twelve months <i>Note: if the applicant does not expect to have any employees during the period, enter "-0-"</i> ▶				Agriculture 0	Household 0																					
				Other 0																						
14* Check box that best describes the principal activity of your business <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Rental & leasing</td> <td><input type="checkbox"/> Transportation & warehousing</td> <td><input type="checkbox"/> Health care & social assistance</td> <td><input type="checkbox"/> Wholesale-agent/broker</td> </tr> <tr> <td><input checked="" type="checkbox"/> Real estate</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Finance & insurance</td> <td><input type="checkbox"/> Accommodation & food service</td> <td><input type="checkbox"/> Wholesale-other</td> </tr> <tr> <td><input type="checkbox"/> Other (specify)</td> <td></td> <td></td> <td><input type="checkbox"/> Retail</td> <td></td> </tr> </table>						<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker	<input checked="" type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other	<input type="checkbox"/> Other (specify)			<input type="checkbox"/> Retail							
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15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. real estate investments																										
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note if "Yes" please complete lines 16b and 16c</i>																										
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶																										
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN																										
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form																										
Third Party Designee Designee's name Marshall H Barkin Attorney at Law Address and ZIP code PO Box 746 Daytona Beach FL 32115 - 0746		Designee's telephone number (include area code) (386) 255 - 2100 Designee's fax number (include area code) (386) 255 - 2089																								
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)				Applicant's telephone number (include area code)																						