

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-27-2007 90121 034 \*\*\*\*50.00

|                                     |  |                                                                                   |
|-------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L05000008235</b>      |  |  |
| 1. Entity Name<br><b>NVEST, LLC</b> |  |                                                                                   |

|                                                                                      |                                                                          |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Principal Place of Business<br><b>59 TIMBERLAND CIRCLE N<br/>FORT MYERS FL 33919</b> | Mailing Address<br><b>59 TIMBERLAND CIRCLE N<br/>FORT MYERS FL 33919</b> |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

|                                                                                        |                                                            |
|----------------------------------------------------------------------------------------|------------------------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><b>12660 World Plaza Ln<br/># 73</b> | 3. Mailing Address<br><b>12660 World Plaza Ln<br/># 73</b> |
|----------------------------------------------------------------------------------------|------------------------------------------------------------|

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| City & State<br><b>FORT MYERS, FL</b> | City & State<br><b>FORT MYERS, FL</b> |
| Zip<br><b>33907</b>                   | Zip<br><b>33907</b>                   |
| Country                               | Country                               |

00000111

2nd MOORE CR2E083 (4/07)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>42-1678368</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>SPEIGEL, HOWARD A ESQ.<br/>1133 LOUISIANA AVENUE, SUITE 214<br/>WINTER PARK FL 32789</b> |
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|                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
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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.

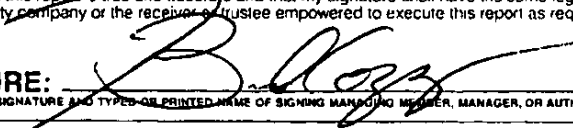
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

| 9. MANAGING MEMBERS / MANAGERS                     |                                                                                                                   |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGRM<br/>COZZA, BRADLEY<br/>59 TIMBERLAND CIRCLE N<br/>FORT MYERS FL 33919</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                   |

| 10. ADDITIONS / CHANGES                            |                                                                   |
|----------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:**  **08/06/07** **239-278-0028**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #