

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009580

Entity Name: NAYART, LLC

FILED
May 09, 2006
Secretary of State

Current Principal Place of Business:

36821 THOMAS JEFFERSON STREET
DADE CITY, FL 335255139 US

New Principal Place of Business:

19626 TRILBY ROAD
DADE CITY, FL 33523 US

Current Mailing Address:

36821 THOMAS JEFFERSON STREET
DADE CITY, FL 335255139 US

New Mailing Address:

19626 OLD TRILBY ROAD
DADE CITY, FL 33523 US

FEI Number: 20-2297138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GARCIA, MARIO SR.
19626 OLD TRILBY RD.
DADE CITY, FL 335235139 US

Name and Address of New Registered Agent:

GARCIA, MARIO E SR.
19626 OLD TRILBY RD.
DADE CITY, FL 335235139 US

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.

SIGNATURE: MARIO GARCIA

05/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GARCIA, MARIO SR.
Address: 36821 THOMAS JEFFERSONSTREET
City-St-Zip: DADE CITY, FL 335255139 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GARCIA, MARIO SR.
Address: 19626 OLD TRILBY ROAD
City-St-Zip: DADE CITY, FL 33523 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIO GARCIA

MGRM

05/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date