


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 A
Secretary of State

DOCUMENT # L05000016499 1. Entity Name NOS INVESTMENTS, L.L.C.	
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Principal Place of Business 1061 MEDICAL CENTER DR. SUITE 305 ORANGE CITY, FL 32763	Mailing Address 1061 MEDICAL CENTER DR. SUITE 305 ORANGE CITY, FL 32763
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03102007 No Chg-LLC

CR2E083 (11/05)


DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1483513	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent STEINBAUM, JEREMY D 1061 MEDICAL CENTER DR. SUITE 305 ORANGE CITY, FL 32763

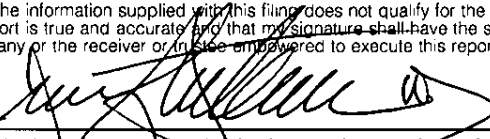
DO NOT WRITE IN THIS SPACE

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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEINBAUM, JEREMY D 1061 MEDICAL CENTER DR. SUITE 305 ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UELTSCHY, JUDY 1061 MEDICAL CENTER DR. SUITE 305 ORANGE CITY, FL 32763
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<p>U000000674386 03/30/07-80001-004 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: 	3/15/07 (386) 775-0333	Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		