


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90064 046 ****55.00

DOCUMENT # L05000023695

1. Entity Name
SH NOVA ROAD, LLC



Principal Place of Business Mailing Address
444 SEABREEZE BLVD., SUITE 900 **444 SEABREEZE BLVD., SUITE 900**
DAYTONA BEACH, FL 32118 **DAYTONA BEACH, FL 32118**

2. Principal Place of Business 3. Mailing Address
444 Seabreeze Boulevard **444 Seabreeze Boulevard**

Suite, Apt. #, etc. Suite, Apt. #, etc.
900 **900**

City & State City & State
Daytona Beach, FL **Daytona Beach, FL**

Zip Country Zip Country
32118 **USA** **32118** **USA**



04132006 Chg-LLC CR2E083 (11/05)

4. FFI Number Applied For
20-2286273 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOOD, CHARLES D JR. 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOOD, CHARLES D			NAME			
STREET ADDRESS	444 SEABREEZE BLVD., SUITE 900			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH, FL 32118			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: _____ *4/19/06* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Charles D. Hood, Jr., Mgr.