2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000023695

1. Entity Name SH NOVA ROAD, LLC



FILED Jan 08, 2008 08:00 AM Secretary of State

Principal Place of Business

444 SEABREEZE BLVD.

SUITE 900 DAYTONA BEACH, FL 32118 Mailing Address

444 SEABREEZE BLVD. SUITE 900

DAYTONA BEACH, FL 32118



DO NOT WRITE IN THIS SPACE

01072008No Chg-LLC CI

CR2E083 (12/07)

4. FEI Number 20-2286273

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOOD, CHARLES D JR. 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118

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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

Signature, typed or printed name of registered agent and little if applicable

(NOTE, Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000775853 01708708-80046-022-138

9.	MANAGING MEMBERS/MANAGERS	
NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOD, CHARLES D 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH, FL 32118	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET AUDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS GITY-ST-ZIP		
THTLE NAME STREET ADDRESS CHY-S1-ZIP		
TITLE NAME STREET ADDRESS CHY-ST-ZIP		
11. Thereby certify that the information supplied with this filter does not qualify for the ex-		

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 affect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Buylime Phone #