
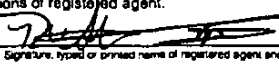
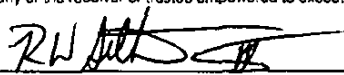


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State

04-24-2006 90047 017 ****50.00

DOCUMENT # L05000027107			
1. Entity Name NASSAU CENTER, LLC			
Principal Place of Business 22 BEACH WOOD ROAD FERNANDINA BEACH, FL 32034 US		Mailing Address 22 BEACH WOOD ROAD FERNANDINA BEACH, FL 32034 US	
2. Principal Place of Business 8 Sound Point Place Suite, Apt. #, etc.		3. Mailing Address 8 Sound Point Place Suite, Apt. #, etc.	
City & State Amelia Island, Florida Zip 32034 Country USA		City & State Amelia Island, Florida Zip 32034 Country USA	
4. FEI Number 75-3179819		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, TIMOTHY P ESQ. 1016 LASALLE STREET JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Robert W. Selton III Street Address (P.O. Box Number is Not Acceptable) 8 Sound Point Place City Amelia Island FL Zip Code 32034	
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  Robert W. Selton III 4/19/06 Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SELTON, ROBERT W III 22 BEACH WOOD ROAD FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWINSON, JOHN T 1413 SOUTH FLETCHER FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:  Robert W. Selton III 4/19/06 (904) 358-1206 Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			