2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008
Secretary of State

DOCUMENT# L05000040502

Entity Name: MICHAEL TROY NOVAK, LLC

Current Principal Place of Business:

THE KRESS BUILDING, SUITE 202
475 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

New Principal Place of Business:

C/O ERNEST L. MASCARA
721 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701

Current Mailing Address:

THE KRESS BUILDING, SUITE 202
475 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

New Mailing Address:

ERNEST L. MASCARA
PO BOX 266
ST. PETERSBURG, FL 33731

FEI Number: 20-2750120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASCARA, ERNEST L
THE KRESS BUILDING, SUITE 202
475 CENTRAL AVENUE
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

MASCARA, ERNEST L
721 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701 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: ERNEST L. MASCARA 03/05/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NOVAK, MICHAEL TROY
Address: 475 CENTRAL AVENUE, SUITE 202
City-St-Zip: ST. PETERSBURG, FL 33701 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NOVAK, MICHAEL TROY
Address: PO BOX 266
City-St-Zip: ST. PETERSBURG, FL 33731 US

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL TROY NOVAK MGR 03/05/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date