

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054295

Entity Name: NONA, L.L.C.

FILED
May 25, 2006
Secretary of State

Current Principal Place of Business:

9836 SWEETLEAF STREET
ORLANDO, FL 32827 US

New Principal Place of Business:

Current Mailing Address:

9836 SWEETLEAF STREET
ORLANDO, FL 32827 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WEATHERFORD, WILLIAM P JR.
1150 LOUISIANA AVENUE
SUITE 4
WINTER PARK, FL 32789 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MAYCUMBER, ALLYN W
Address: 9836 SWEETLEAF STREET
City-St-Zip: ORLANDO, FL 32827 US

Title: MGR () Delete
Name: MAYCUMBER, PAMELA R
Address: 9836 SWEETLEAF STREET
City-St-Zip: ORLANDO, FL 32827 US

Title: MGR () Delete
Name: TOUNTAS, CHRISTOPHER
Address: 9836 SWEETLEAF STREET
City-St-Zip: ORLANDO, FL 32827 US

Title: MGR () Delete
Name: TOUNTAS, ROSE
Address: 9836 SWEETLEAF STREET
City-St-Zip: ORLANDO, FL 32827 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALLYN MAYCUMBER

MGR

05/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date