




# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90033 018 \*\*\*\*50.00

<b>DOCUMENT # L05000071714</b>					
<b>1. Entity Name</b> NASSAU 115, LLC					
<b>Principal Place of Business</b> 2806 US HIGHWAY 90 WEST, SUITE 101 LAKE CITY, FL 32055			<b>Mailing Address</b> 2806 US HIGHWAY 90 WEST, SUITE 101 LAKE CITY, FL 32055		
<b>2. Principal Place of Business - No P.O. Box #</b> 164 NW MADISON ST Suite, Apt. #, etc. SUITE 102 City & State LAKE CITY FL Zip 32055 Country USA		<b>3. Mailing Address</b> PO Box 3659 Suite, Apt. #, etc. City & State LAKE CITY FL Zip 32056 Country USA			
<b>4. FEI Number</b> 20-3164204				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>04012007 Chg-LLC CR2E083 (12/06)</b>	
<b>6. Name and Address of Current Registered Agent</b> CRAPPS, DANIEL 2806 US HIGHWAY 90 WEST, SUITE 101 LAKE CITY, FL 32055			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 164 NW MADISON ST Suite SUITE 102 City LAKE CITY FL Zip Code 32055		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR CRAPPS, DANIEL 2806 US HIGHWAY 90 WEST, SUITE 101 LAKE CITY, FL 32055 32056		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>  <b>DANIEL CRAPPS Manager</b> 4/2/07 386-755-5110					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					