2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# L05000077115

Entity Name: NOWAUKEEHIA, LLC

Current Principal Place of Business:

131 SECOND AVENUE NORTH, SUITE 200
JACKSONVILLE, FL 32250

New Principal Place of Business:

Current Mailing Address:

131 SECOND AVENUE NORTH, SUITE 200
JACKSONVILLE, FL 32250

New Mailing Address:

FEI Number: 20-3923874 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTER PETERSON, MARY
131 SECOND AVENUE NORTH, SUITE 200
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

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: CARTER PETERSON, MARY
Address: 131 SECOND AVENUE NORTH, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32250

Title: MGR ( ) Delete
Name: PETERSON, PETER E
Address: 131 SECOND AVENUE NORTH, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CARTER PETERSEN, MARY
Address: 131 SECOND AVENUE NORTH, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32250

Title: MGR (X) Change ( ) Addition
Name: PETERSEN, PETER E
Address: 131 SECOND AVENUE NORTH, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32250

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: MARY CARTER PETERSEN MGR 04/18/2006

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