2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# L06000003981

Entity Name: NVP SAMY, LLC

Current Principal Place of Business:

3040 S.W. 53RD STREET
OCALA, FL 34474 US

New Principal Place of Business:

3040 S.W. 53RD STREET
OCALA, FL 34471 US

Current Mailing Address:

3040 S.W. 53RD STREET
OCALA, FL 34474 US

New Mailing Address:

3040 S.W. 53RD STREET
OCALA, FL 34471 US

FEI Number: 20-4104315 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMY, LISA
3040 S.W. 53RD STREET
OCALA, FL 34474 US

Name and Address of New Registered Agent:

SAMY, LISA
3040 S.W. 53RD STREET
OCALA, FL 34471 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: 04/16/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SAMY, LISA
Address: 3040 S.W. 53RD STREET
City-St-Zip: OCALA, FL 34474 US

Title: MGRM ( ) Delete
Name: SAMY, CHANDER N
Address: 3040 S.W. 53RD STREET
City-St-Zip: OCALA, FL 34474 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SAMY, LISA
Address: 3040 S.W. 53RD STREET
City-St-Zip: OCALA, FL 34471 US

Title: MGRM (X) Change ( ) Addition
Name: SAMY, CHANDER N
Address: 3040 S.W. 53RD STREET
City-St-Zip: OCALA, FL 34471 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: LISA SAMY MGRM 04/16/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date