

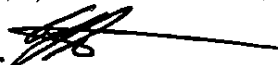
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 11, 2007 8:00 am
Secretary of State

05-24-2007 90406 048 ****50.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L06000005858					
1. Entity Name NUGENBUILDERS, LLC					
Principal Place of Business 176 BEACON WAY SANTA ROSA BEACH FL 32459			Mailing Address P.O. BOX 6553 DESTIN FL 32550		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-4146003	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOWMAN, J. BRUCE 34990 EMERALD COAST PARKWAY SUITE 301 CLARK, PARTINGTON, HART, LARRY, BOND & STA DESTIN FL 32541			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when no change.) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
NAME STREET ADDRESS CITY ST ZIP	☐ Delete		NAME STREET ADDRESS CITY ST ZIP	☐ Change ☒ Addition	
NAME STREET ADDRESS CITY ST ZIP	☐ Delete		NAME STREET ADDRESS CITY ST ZIP	☐ Change ☒ Addition	
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NAME STREET ADDRESS CITY ST ZIP	☐ Delete		NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
SIGNATURE: 			Date: MAY 20/07 850-217-8428		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		