2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 11, 2007 8:00 am
Secretary of State
05-24-2007 90406 048 ****50.00

DOCUMENT # L06000005858

1. Entity Name

NUGENBUILDERS, LLC

30010449

1st MOORE CR2E083 (10/06)

Principal Place of Business	Mailing Address
176 BEACON WAY SANTA ROSA BEACH FL 32459	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	7. Name and Address of New Registered Agent
BOWMAN, J. BRUCE 34990 EMERALD COAST PARKWAY SUITE 301 CLARK, PARTINGTON, HART, LARRY, BOND & STA DESTIN FL 32541	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

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	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☑ Addition MGRM GEORGE SUTHERLAND 176 BEACON WAY SANTA ROSA BEACH FL 32459
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☑ Addition MGRM SHARON L. SUTHERLAND 176 BEACON WAY SANTA ROSA BEACH FL. 32459
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition MGRM KENNINGTON BAY ONE 65 BAY DRIVE NICEVILLE FL 32578
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / 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 receivor or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ MAY 20/07 850-217-8428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #