


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90367 021 ****50.00

DOCUMENT # L06000010816

1. Entity Name
NUAY-ANDY LLC



Principal Place of Business
**300-DANNY WUERFUL WAY
 DESTIN, FL 32541**

Mailing Address
**300 DANNY WUERFUL WAY
 DESTIN, FL 32541**

2. Principal Place of Business - No P.O. Box #
4236 LEGENDARY DR.

3. Mailing Address
4236 LEGENDARY DR.

Suite, Apt. #, etc.


City & State
DESTIN, FL

City & State
DESTIN, FL

Zip
32541-5390

Zip
32541-5390

Country



02012007 Chg-LLC CR2E083 (12/06)

4. FEI Number
204235045

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**NETHONGKOME, AMNUAY
 58 CEDAR LANE
 BOYNTON BEACH, FL 33436**

7. Name and Address of New Registered Agent
 Name
NETHONGKOME, AMNUAY
 Street Address (P.O. Box Number is Not Acceptable)
4236 LEGENDARY DR.
 City
DESTIN FL Zip Code
32541

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 *Army Nethongkome* DATE **4-18-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR NETHONGKOME, AMNUAY 58 CEDAR LANE BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR NETHONGKOME, AMNUAY 4236 LEGENDARY DR. DESTIN, FL 32541-5390 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR CHEAH, ANDY 19501 BISCAYNE BLVD., #400 AVENTURA, FL 33180 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

SIGNATURE: *Army Nethongkome* **AMNUAY NETHONGKOME** DATE **4-18-07 (1850)** DAYTIME PHONE # **650 5861**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #