

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026019

FILED  
Mar 09, 2008  
Secretary of State

**Entity Name:** NASSA MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

7993 STEEPLECHASE CT  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

7993 STEEPLECHASE CT  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOORUDDIN, MOHAMMAD S  
7993 STEEPLECHASE CT  
PORT ST. LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

NOORUDDIN, MUHAMMAD S  
7993 STEEPLECHASE CT  
PORT ST. LUCIE, FL 34986 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: MUHAMMAD NOORUDDIN

03/09/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NOORUDDIN, MOHAMMAD S  
Address: 7993 STEEPLECHASE CT  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGRM ( ) Delete  
Name: NOORUDDIN, SHAHNAZ  
Address: 7993 STEEPLECHASE CT  
City-St-Zip: PORT ST. LUCIE, FL 34986

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MUHAMMAD NOORUDDIN

MGRM

03/09/2008

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