


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2008 08:00 A
Secretary of State

DOCUMENT # L06000046350 1. Entity Name C.NAST, LLC	
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Principal Place of Business 2814 S.W. 13TH STREET GAINESVILLE, FL 32607 US	Mailing Address 2814 S.W. 13TH STREET GAINESVILLE, FL 32607 US
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01312008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4812089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

AVERA, MARK
2814 S.W. 13TH STREET
GAINESVILLE, FL 32607

**DO NOT WRITE
IN THIS SPACE**

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) (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVERA, MARK 209 N.W. 117TH WAY GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEFF, JAMES A 9809 N.W. 59TH TERRACE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHERMYEN, JOHN 2814 S.W. 13TH STREET GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEEGEN, JOHN 8440 A1A SOUTH ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/06/08-80047-017 138.75

**DO NOT WRITE
IN THIS SPACE**

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: Mark Avera 2/22/08 352-392-9999

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