2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# L06000086617

Entity Name: NYASH GROUP LLC

Current Principal Place of Business:

10741 CLEARY BLVD
101 UNIT
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

10741 CLEARY BLVD
101 UNIT
PLANTATION, FL 33324

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAUGH, SHAIN
10741 CLEARY BLVD
101 UNIT
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WAUGH, SHAIN
Address: 10741 CLEARY BLVD, UNIT 101
City-St-Zip: PLANTATION, FL 33324 US

Title: MGRM ( ) Delete
Name: CALLIARD, SHAN
Address: 1090 NW 75TH TERRACE
City-St-Zip: PLANTATION, FL 33313 US

Title: MGRM ( ) Delete
Name: MCCAW, BRIAN
Address: 10741 CLEARY BLVD, UNIT 101
City-St-Zip: PLANTATION, FL 33324 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: CALLIARD, SHANLEY
Address: 1090 NW 75TH TERRACE
City-St-Zip: PLANTATION, FL 33313 US

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: SHAIN WAUGH MGRM 04/14/2008

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