

FROM :

FAX NO. :

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90172 003 ****50.00

DOCUMENT # L06000090217

1. Entity Name
NOSSAN REALTY LLC

40113040

Principal Place of Business Mailing Address
9430 SW 8TH ST 9430 SW 8TH ST
#5 #5
BOCA RATON, FL 33428 US BOCA RATON, FL 33428 US



04132007 Chg-LLC CR2E083 (12/06)

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. F.I. Number Applied For
20-5615099 Not Applicable

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

6. Name and Address of Current Registered Agent

CASSON-REID, RACHEL
9430 SW 8TH ST
#5
BOCA RATON, FL 33428

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and state if applicable.

(NOT: Registered Agent signature required when dissolved)

UNIT

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

State check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME CASSON-REID, RACHEL
STREET ADDRESS 9430 SW 8TH ST
CITY- ST- ZIP BOCA RATON, FL 33428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 308, Florida Statutes.

SIGNATURE

Signature and Typed or Printed Name of Signing Managing Member, Manager, or Authorized Representative

RACHEL CASSON-REID 04/20/07 561-472-3964

Date

Daytime Phone #