

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106200

Entity Name: NASSAU, LLC

FILED
Sep 05, 2007
Secretary of State

Current Principal Place of Business:

13455 BELLEWOOD AVE
SEMINOLE, FL 33776

New Principal Place of Business:

13445 BELLEWOOD AVE N
SEMINOLE, FL 33776

Current Mailing Address:

13455 BELLEWOOD AVE
SEMINOLE, FL 33776

New Mailing Address:

13445 BELLEWOOD AVE N
SEMINOLE, FL 33776

FEI Number: 20-5991632 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CATON, RICHARD P
9075 SEMINOLE BLVD
SEMINOLE, FL 33772 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: MGR () Delete
Name: BELFORD, CHARON
Address: 13455 BELLEWOOD AVE
City-St-Zip: SEMINOLE, FL 33776

Title: MGR () Delete
Name: BELFORD, TOMMY
Address: 13455 BELLEWOOD AVE
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BELFORD, CHARON W
Address: 13445 BELLEWOOD AVE N
City-St-Zip: SEMINOLE, FL 33776

Title: MGR (X) Change () Addition
Name: BELFORD, TOMMY R
Address: 13445 BELLEWOOD AVE N
City-St-Zip: SEMINOLE, FL 33776

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: CHARON W. BELFORD

MGR

09/05/2007

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