

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112805

Entity Name: J.R. NOVIELLO, LLC

FILED
Jan 15, 2008
Secretary of State

Current Principal Place of Business:

9367 SEDGEWOOD DR.
LAKE WORTH, FL 33467

New Principal Place of Business:

1108 CHOKEE PLACE
ST. AUGUSTINE, FL 32092

Current Mailing Address:

9367 SEDGEWOOD DR.
LAKE WORTH, FL 33467

New Mailing Address:

1108 CHOKEE PLACE
ST. AUGUSTINE, FL 32092

FEI Number: 20-5932733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: NOVIELLO, JOSEPH R
Address: 9367 SEDGEWOOD DR.
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM () Delete
Name: NOVIELLO, KARA M
Address: 9367 SEDGEWOOD DR.
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NOVIELLO, JOSEPH R
Address: 1108 CHOKEE PLACE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM (X) Change () Addition
Name: NOVIELLO, KARA M
Address: 1108 CHOKEE PLACE
City-St-Zip: ST. AUGUSTINE, FL 32092

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: KARA M. NOVIELLO

MGRM

01/15/2008

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