


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90191 045 \*\*\*\*50.00

<b>DOCUMENT # L06000112827</b> 1. Entity Name <b>NOVA INVESTMENT LLC</b>					
Principal Place of Business 9200 S. Dadeland Blvd.				Mailing Address 9200 S. Dadeland Blvd.	
2. Principal Place of Business - No P.O. Box # <b>9200 S. Dadeland Blvd.</b>		3. Mailing Address <b>9200 S. Dadeland Blvd.</b>			
Suite, Apt. #, etc. <b>Suite 308</b>		Suite, Apt. #, etc. <b>Suite 308</b>			
City & State <b>Miami, Fl.</b>		City & State <b>Miami, Fl.</b>			
Zip <b>33156</b>	Country <b>USA</b>	Zip <b>33156</b>	Country <b>USA</b>	4. FEI Number 03052007 Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>RUDOLPH, RONALD W          9200 SO. DADELAND BLVD.          SUITE #308          MIAMI, FL 33156</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SZABO, JAY PO BOX 0041 TARPON SPRINGS, FL 346880041	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Ronald W. Rudolph</i> <b>RONALD W. RUDOLPH</b>		

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