

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90149 031 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                                          |                                                                      |                                                                                                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L06000119404</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |                                                          |                                                                      |                                                                                                                                                                         |  |
| <b>1. Entity Name</b><br>NOVA OAKS, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |                                                          |                                                                      |                                                                                                                                                                         |  |
| <b>Principal Place of Business</b><br>118 E. STUART AVE.<br>LAKE WALES, FL 33853                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                          | <b>Mailing Address</b><br>118 E. STUART AVE.<br>LAKE WALES, FL 33853 |                                                                                                                                                                         |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  | <b>3. Mailing Address</b>                                |                                                                      |                                                                                                                                                                         |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  | Suite, Apt. #, etc.                                      |                                                                      |                                                                                                                                                                         |  |
| <b>City &amp; State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  | <b>City &amp; State</b>                                  |                                                                      | <b>4. FEI Number</b><br>20-8054786                                                                                                                                      |  |
| <b>Zip</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Country</b>                                                                   | <b>Zip</b>                                               | <b>Country</b>                                                       | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>BOSSARTE, LAWRENCE A<br>118 E. STUART AVE.<br>LAKE WALES, FL 33853                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                          |                                                                      | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |  |
| <b>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.</b>                                                                                                                                                                                                                                                                            |                                                                                  |                                                          |                                                                      |                                                                                                                                                                         |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |                                                          |                                                                      |                                                                                                                                                                         |  |
| <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>                                         |                                                                                                                                                                         |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>MGR</b><br>BOSSARTE, LAWRENCE A<br>118 E. STUART AVE.<br>LAKE WALES, FL 33853 |                                                          | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                  |                                                          | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                  |                                                          | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                  |                                                          | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                  |                                                          | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                  |                                                          | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| <b>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.</b> |                                                                                  |                                                          |                                                                      |                                                                                                                                                                         |  |
| <b>SIGNATURE:</b> <i>Lawrence A. Bossarte</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |                                                          | 2-22-07 863-679-1850                                                 |                                                                                                                                                                         |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |                                                          | Date Daytime Phone #                                                 |                                                                                                                                                                         |  |