

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048469

FILED
Apr 13, 2008
Secretary of State

Entity Name: NVR FAIL SERVICES, LLC

Current Principal Place of Business:

872 PINCKNEY LANE
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

872 PINCKNEY LANE
THE VILLAGES, FL 32162

New Mailing Address:

872 PINCKNEY LANE
THE VILLAGES, FL 32162 US

FEI Number: 26-2072451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAIL, ALBERT B
872 PINCKNEY LANE
THE VILLAGES, FL 62162 US

Name and Address of New Registered Agent:

FAIL, ALBERT B
872 PINCKNEY LANE
THE VILLAGES, FL 32162 US

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: _____

04/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FAIL, ALBERT B
Address: 872 PINCKNEY LANE
City-St-Zip: THE VILLAGES, FL 62162

Title: MGR () Delete
Name: FAIL, DAWN A
Address: 872 PINCKNEY LANE
City-St-Zip: THE VILLAGES, FL 62162

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FAIL, ALBERT B
Address: 872 PINCKNEY LANE
City-St-Zip: THE VILLAGES, FL 32162

Title: MGR (X) Change () Addition
Name: FAIL, DAWN A
Address: 872 PINCKNEY LANE
City-St-Zip: THE VILLAGES, FL 32162

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: ALBERT B. FAIL

MGR

04/13/2008

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