2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008
Secretary of State

DOCUMENT# L07000056744

Entity Name: VITA NOVA THRIFT STORE, LLC

Current Principal Place of Business:

1800 S. AUSTRALIAN AVE, STE 205
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

1800 S. AUSTRALIAN AVE, STE 205
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RENAISSANCE VILLAGE, INC.
1800 S. AUSTRALIAN AVE, STE 205
WEST PALM BEACH, FL 33409 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES ( ) Change (X) Addition
Name: ARMBRUST, LEO F
Address: 1800 S AUSTRALIAN AVENUE S205
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: VP ( ) Change (X) Addition
Name: BEVACQUA, CHARLES
Address: 1800 S AUSTRALIAN AVE S205
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: CEO ( ) Change (X) Addition
Name: NUGENT, IRVINE
Address: 1800 S AUSTRALIAN AVE S205
City-St-Zip: WEST PALM BEACH, FL 33409 US

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: IRVINE NUGENT CEO 03/05/2008

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