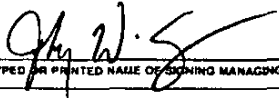


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 12, 2008 8:00 am
Secretary of State

02-25-2008 90137 048 ***138.75

DOCUMENT # L07000079195 1. Entity Name NASSAU A1A INVESTORS, LLC																																																																																						
Principal Place of Business 2407 MAYPORT ROAD ATLANTIC BEACH FL 32223 US			Mailing Address 2407 MAYPORT ROAD ATLANTIC BEACH FL 32223 US																																																																																			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																				
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																				
City & State		City & State		4. FEI Number 56-2672460																																																																																		
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																																																																		
6. Name and Address of Current Registered Agent SHAH, RASKIN 1760 CHENEY HWY TITUSVILLE FL 32780				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of my signed report and to be filed with the report. (NOTE: If signed report is not required when filing, then leave blank.)																																																																																						
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State																																																																																						
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> </table> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td colspan="2"></td> </tr> </table>						TITLE	NAME	☐ Delete	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	☐ Delete	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	☐ Delete	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	☐ Delete	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	☐ Delete	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY- ST- ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  JOHN W. SHEA 2/11/08 (904) 242-0708 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																						