04-11-2008 90183 002 ***138.75
05-14-2008 90078 048 ***138.75
L07000081612

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -2 AM 10:49

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2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000081612

1. Entity Name
NOVA CENTER-WILLIAMSBURG, LLC

Principal Place of Business	Mailing Address
566 S. RANGER BLVD. WINTER PARK, FL 32792-4524	PO BOX 6030 WINTER PARK, FL 32793

04252008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-2683652 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DRAVES, DONNA L ESQ. THE DRAVES LAW FIRM, P.A. 120 EAST CONCORD STREET ORLANDO, FL 32801	Name: Lourdes M Hawkins Street Address (P.O. Box Number is Not Acceptable): 556 South Ranger Blvd City: Winter Park FL Zip Code: 32792

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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HAWKINS, OFELIA 27622 PADDOCK TRAIL PLACE CHANTILLY, VA 20152	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HAWKINS, LOURDES M PO BOX 6030 WINTER PARK, FL 32793	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

JUN 2 2008
B. Tedesco

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: Lourdes M Hawkins 4-25-08 (407) 677-1757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #