


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90183 003 ***138.75

DOCUMENT # L07000081616					
1. Entity Name NOVA CENTER-RICHMOND, LLC					
Principal Place of Business 566 S. RANGER BLVD. WINTER PARK, FL 32792-4524			Mailing Address P.O. BOX 6030 WINTER PARK, FL 32793		
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	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THE DRAVES LAW FIRM, P.A. 120 EAST CONCORD STREET ORLANDO, FL 32801				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
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	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAWKINS, LOURDES M P.O. BOX 6030 WINTER PARK, FL 32793	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAWKINS, LOURDES M P.O. BOX 6030 WINTER PARK, FL 32793	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAWKINS, LOURDES M P.O. BOX 6030 WINTER PARK, FL 32793	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAWKINS, LOURDES M P.O. BOX 6030 WINTER PARK, FL 32793	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAWKINS, LOURDES M P.O. BOX 6030 WINTER PARK, FL 32793	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAWKINS, LOURDES M P.O. BOX 6030 WINTER PARK, FL 32793	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAWKINS, LOURDES M P.O. BOX 6030 WINTER PARK, FL 32793	<input type="checkbox"/> Delete			
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: <i>Loures M. Hawkins</i>				Date: <i>4-7-08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #: <i>(407) 677-1757</i>	