2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000019905

Entity Name: NVS PROPERTIES, L.L.C.

Apr 25, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6828 RICKER ROAD 642 WAKEVIEW DRIVE

N/A N/A

JACKSONVILLE, FL 32244 ORANGE PARK, FL 32065

New Mailing Address: Current Mailing Address:

PO BOX 17052

N/A

JACKSONVILLE, FL 32245

FEI Number: 26-3360454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, RHONDA S MRS. JOHNSON, RHONDA S MRS. 1580 E. WINDY WILLOW DRIVE 642 WAKEVIEW DRIVE N/A

N/A

ST. AUGUSTINE, FL 32092 US ORANGE PARK, FL 32065 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: RHONDA S. JOHNSON 04/25/2011

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

JOHNSON, RHONDA S MRS. Name: Address: 642 WAKEVIEW DRIVE City-St-Zip: ORANGE PARK, FL 32065

Title: MGR

Name: JOHNSON, RHONDA S MRS. Address: 642 WAKEVIEW DRIVE City-St-Zip: ORANGE PARK, FL 32065

Title: MGR

JOHNSON, RHONDA S MRS. Name: Address: 642 WAKEVEIW DRIVE City-St-Zip: ORANGE PARK, FL 32065

Title: MGR

Name: JOHNSON, RHONDA S MRS. Address: 642 WAKEVIEW DRIVE City-St-Zip: ORANGE PARK, FL 32065

Title: MGR

JOHNSON, RHONDA S MRS. Name: 642 WAKEVIEW DRIVE Address: City-St-Zip: ORANGE PARK, FL 32065

Title:

JOHNSON, RHONDA S MRS. Name: Address: 642 WAKEVIEW DRIVE ORANGE PARK, FL 32065 City-St-Zip:

I hereby 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 Statues.

SIGNATURE: RHONDA S. JOHNSON **MGR** 04/25/2011

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