

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

2/ **FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90121 046 \*\*\*138.75

|                                                                      |                                                                                   |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L99000005979</b><br>1. Entity Name<br><b>NOWI, LLC</b> |  |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                      |                                                                                          |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>2161 GULF OF MEXICO DR.<br/>SUITE 6<br/>LONGBOAT KEY, FL 34228</b> | Mailing Address<br><b>2161 GULF OF MEXICO DR.<br/>SUITE 6<br/>LONGBOAT KEY, FL 34228</b> |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|



01302008 No Chg-LLC

CR2E083 (12/07)

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|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-1023447</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                                                        |

|                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>GREGORIA, RIC<br/>200 SOUTH ORANGE AVENUE<br/>SARASOTA, FL 34236</b> |
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS                     |                                                                                  |
|--------------------------------------------------|----------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | P<br>MORRIS, SUSAN R<br>2161 GULF OF MEXICO DR SUITE 6<br>LONGBOAT KEY, FL 34228 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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: Susan R. Morris 4/7/08 941-928-4547  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Susan R. Morris