

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002158

Entity Name: NOVATION CAPITAL, LLC

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

1818 S. AUSTRALIAN AVE.
SUITE 450
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

1818 S. AUSTRALIAN AVE.
SUITE 450
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-1046683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GROSSMAN, HAROLD
Address: 1818 S. AUSTRALIAN AVE 450
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGR () Delete
Name: LOWE, CHARLES
Address: 1818 S AUSTRALIAN AVE 450
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGR () Delete
Name: SHAPIRO, ROBIN
Address: 1818 S. AUSTRALIAN AVE 450
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 Statutes.

SIGNATURE: ROBIN SHAPIRO

MGR

04/30/2004

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