2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000006824

1. Entity Name
NHC-FL105, LLC

Principal Place of Business	Mailing Address
C/O NATIONAL HOME COMMUNITES, LLC 6991 EAST CAMELBACK ROAD, SUITE B-310 SCOTTSDALE, AZ 85251	C/O NATIONAL HOME COMMUNITES, LLC 6991 EAST CAMELBACK ROAD, SUITE B-310 SCOTTSDALE, AZ 85251

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04142008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-3804468
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAWS, SONYA K ESQ.
MESSER, CAPARELLO, & SELF, PA
2618 CENTENNIAL PLACE
TALLAHASSEE, FL 32308

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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 _____ 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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NRVC-GE HOLDING CO., LLC
STREET ADDRESS	6991 EAST CAMELBACK ROAD, SUITE B-310
CITY-ST-ZIP	SCOTTSDALE, AZ 85251
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/22/08-90061-012 143.75

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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: Colleen S Edwards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #