


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

FILED

2004 APR 16 PM 3:58

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000003181 1. Entity Name NAAG HOLDINGS LLC	
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Principal Place of Business ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401	Mailing Address ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE



02042004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1112865	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WIENER, DAVID J  
ONE NORTH CLEMATIS ROAD  
SUITE 305  
WEST PALM BEACH, FL 33401

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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)

**Filing Fee is \$50.00  
Due by May 1, 2004**

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04/16/04--01048--029 ~~40~~50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRESTON, JOHN W.S. ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOSOY, DAVID ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMILTON, TOM ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOSOY, BRIAN ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Tom Hamilton* Date: 2/23/04 Daytime Phone #: 561-835-1810  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE