


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000000931 1. Entity Name NAPCO DRIVE, LLC	
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Principal Place of Business 4102 SMOKEY PINES COURT FORT PIERCE, FL 34951	Mailing Address 4102 SMOKEY PINES COURT FORT PIERCE, FL 34951
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03262005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1614593	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

DROUIN, TERRANCE
 4102 SMOKEY PINES COURT
 FORT PIERCE, FL 34951

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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, 2005**

U00000292611
 04/07/05-80078-015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DROUIN, TERRANCE K 4102 SMOKEY PINES COURT FORT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DROUIN, AVIS T 4102 SMOKEY PINES COURT FORT PIERCE, FL 34951
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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)(f), 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: *Terrance K Drouin* 4-4-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #