


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000000931
1. Entity Name
NAPCO DRIVE, LLC



Principal Place of Business
4102 SMOKEY PINES COURT
FORT PIERCE, FL 34951

Mailing Address
4102 SMOKEY PINES COURT
FORT PIERCE, FL 34951



DO NOT WRITE IN THIS SPACE

03142006 No Chg-LLC CR2E083 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000477575
04/06/06-80056-019 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 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: Avis T. Drouin, member **AVIS T. DROUIN**
Date: 3-20-06
Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE