

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000001242

**FILED**  
**Jan 03, 2007**  
**Secretary of State**

**Entity Name:** NATIONAL INSURANCE OF AMERICA, LLLP

**Current Principal Place of Business:**

12505 STARKEY RD., A  
LARGO, FL 33773

**New Principal Place of Business:**

**Current Mailing Address:**

12505 STARKEY RD., A  
LARGO, FL 33773

**New Mailing Address:**

**FEI Number:** 56-2393684

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHILDRESS, ROBERT E  
8701 MERRIMOOR BLVD. EAST  
LARGO, FL 33777 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

**GENERAL PARTNER INFORMATION:**

Document #: L03000031568  
Name: SOVEREIGN GROUP, LLC  
Address: 12505 STARKEY RD., A  
City-St-Zip: LARGO, FL 33773

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: ROBERT E. CHILDRESS

MGR

01/03/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date