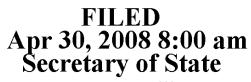
2008 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # F0100001994 1. Entity Name FLORIDA N.P. ASSOCIATES, INC.								04-30-2008 90192 008 ***150.00														
Principal Place of Business 303 PERIMETER CENTER NORTH SUITE 500 ATLANTA, GA 30346				Mailing Address 303 PERIMETER CENTER NORTH SUITE 500 ATLANTA, GA 30346				È 1 00 71 00		8 8 1 111		 										
2. Principal Place of Business - No P.O. Box #				3. Mailing Address																		
Suite, Apt. #, etc.			1	Suite, Apt. #, etc.				03282008	Chg-P	CR2E0	34 (12/06)											
City & State			1	City & State			4	4. FEI Numb				plied For t Applicable										
Zip	Country			Zip Cour		ntry	5. Certificate o		of Status Desired		\$8.75 Add Fee Require											
6. Name and Address of Current Re				tered Agent	7. Name and Address of New Registered Agent																	
COPPOR	TION SE	DVICE COMPANY				Name																
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301					Street Address (P.O. Box Number is Not Acceptable)																	
17.65 (17.65 EL, 1 E 3250 I												ļ										
						City		•		FL	Zip Code	e										
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																						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5. Trust Fund Contribution. Add								0 May Be to Fees														
10.				ADDITIONS,	CHANGES TO O	FFICERS AND	DIRECTORS	3 IN 11														
TITLE	CFO	E					☐ Change	☐ Addition														
NAME STREET ADDRESS CITY-ST-ZIP	GRAZZIN 303 PERI ATLANTA	EET ADDRESS '-ST-ZIP																				
TITLE NAME STREET ADDRESS CITY-ST-ZIP											Change	Addition										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·										☐ Change	☐ Addition										
TITLE NAME STREET ADDRESS CATY-ST-ZIP				☐ Delete							☐ Change	Addition										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>										☐ Change	Addition										
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	Addition										
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																						
SIGNAT	URE: _	SIGNATURE AND PED OR	PRINTEC	Y	-	•	, Sec	cretary	4 28 0	۶ .	SIGNATURE: Tracey C. Cosby, Secretary 4/28/08 SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Departme Proce 4											