

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F04000005613 1. Entity Name NAP II INVESTMENTS MANAGEMENT COMPANY, INC.						FILED 08 SEP -2 AM 8:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 212 EAST THIRD STREET, SUITE 300 CINCINNATI, OH 45202				Mailing Address 212 EAST THIRD STREET, SUITE 300 CINCINNATI, OH 45202			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent R&A AGENTS, INC. TRIANON CENTRE 850 PARK SHORE DR., 3RD FL NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, THOMAS L 212 E. THIRD STREET, SUITE 300 CINCINNATI, OH 45202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAWN R. MCINTYRE 7500 COLLEGE PARKWAY FT MYERS FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, W. JOSEPH JR 212 E. THIRD STREET, SUITE 300 CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEVIN P RILEY 212 EAST THIRD STREET, SUITE 300 CINTI OH 45202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RILEY, KEVIN P 212 E. THIRD STREET, SUITE 300 CINCINNATI, OH 45202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS/AT SUSAN M. SPREHN 7500 COLLEGE PARKWAY FT MYERS FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GROTE, THOMAS D SR 212 E. THIRD STREET, SUITE 300 CINCINNATI, OH 45202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREG BROWNE 7500 COLLEGE PARKWAY FT. MYERS FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GROTE, TIMOTHY J 212 E. THIRD STREET, SUITE 300 CINCINNATI, OH 45202	<input type="checkbox"/> Delete		600135371586 09/04/08--01035--016 ***61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAFELE, DALE G 7500 COLLEGE PARKWAY FT MYERS, FL 33907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 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 and all other like empowered.							
SIGNATURE:				KEVIN P. RILEY			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small> 8/29/08 <small>Daytime Phone #</small>			

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