2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000004248

1. Entity Name N.P. PROPERTIES, L.L.C.



Principal Place of Business

111 S. MAITLAND AVE.

SUITE 100 MAITLAND, FL 32751 Mailing Address

111 S. MAITLAND AVE. SUITE 100 MAITLAND, FL 32751

FILED Mar 26, 2004 8:00 am Secretary of State

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02052004 No Chg-LLC DO NOT WRITE IN THIS SPACE

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

4. FEI Number Applied For 59-3706387 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

407-647-7200

CR2E083 (10/03)

6. Name and Address of Current Registered Agent

PANICO, JAMES P 111 S. MAITLAND AVE. MAITLAND, FL 32751

SIGNATURE:

DO NOT WRITE IN THIS SPACE

ille obligations of registered agent.			
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	NEWHALLER, DANIEL		
STREET ADDRESS	4120 CROSSWATER DRIVE		
CITY-ST-ZIP	TAMPA, FL 33615		
TITLE	MGRM		
NAME	PANICO, JAMES P		
STREET ADDRESS	725 N. LAKE SYBELIA DR.		
CITY-ST-ZIP	MAITLAND, FL 32751		
TITLE			
NAME			
STREET ADDRESS CITY-ST-ZIP		I DO NOT W	/RITE
TITLE		IN THIS S	PACE
NAME Street Address			
CITY-ST-ZIP			
TITLE NAME			
STREET ADDRESS			·
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; that I am a managing member or manager of the limited liability company or the repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

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