

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90139 031 \*\*\*\*50.00

**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

**DO NOT WRITE IN THIS SPACE**

03132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
59-3706387

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**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 the 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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
NEWHALLER, DANIEL  
2539 SWEETWATER COUNTRY CLUB DR  
APOPKA, FL 32712

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
PANICO, JAMES P  
725 N. LAKE SYBELIA DR.  
MAITLAND, FL 32751

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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:**

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

Date

Daytime Phone #

*James Panico, Mgr*

3/14/07 407-647-7200