
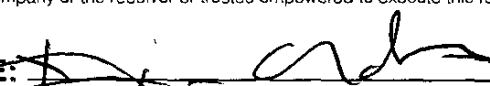


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90145 036 ****50.00

| | | | | | |
|---|---|---------------------------------|---|---|--|
| DOCUMENT # L01000014214 1. Entity Name NDC, L.L.C. | | | |  | |
| Principal Place of Business C/O 362 N. BEAL PARKWAY, SUITE 105 FT WALTON BEACH FL 32548 | | | Mailing Address C/O 362 N. BEAL PARKWAY, SUITE 105 FT WALTON BEACH FL 32548 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3741481 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| FLEET, H. BART FLEET, SPENCER, MARTIN & KILPATRICK, PA 1104 EGLIN PARKWAY SHALIMAR FL 32579-0000 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | State FL Zip Code | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR NABORS, JAMES E 362 NW BEAL PKWY. FT. WALTON BCH. FL 32540 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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 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:  | | | Date 2/26/04 Daytime Phone # 850 863 9050 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |