## ~ 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Feb 19, 2005 08:00 AM **Secretary of State DOCUMENT # L02000000995** NAMM ASSOCIATES, LLC Principal Place of Business \_\_\_\_\_ Mailing Address 3488 EAST LAKE ROAD 3488 EAST LAKE ROAD SUITE 401 SUITE 401 PALM HARBOR, FL 34685 US PALM HARBOR, FL 34685 110 01062005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 01-0563192 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MEHTA, MONABEN DO NOT WRITE 3488 EAST LAKE ROAD IN THIS SPACE SUITE 401 PALM HARBOR, FL 34685 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 hitle if applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE MEHTA, MONABEN NAME STREET ADDRESS 3488 EAST LAKE ROAD, SUITE 401 CITY-ST-ZIP PALM HARBOR, FL 34685 TITLE <u>ú2/19/05-80019-024 50.00</u> NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

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 eath, 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.

NAME STREET ADORESS CITY-ST-ZIP

SIGNATURE: 02-15-95 727-785-746