


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L02000000995</b><br>1. Entity Name<br>NAMM ASSOCIATES, LLC |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>3488 EAST LAKE ROAD<br>SUITE 401<br>PALM HARBOR, FL 34685 US | Mailing Address<br>3488 EAST LAKE ROAD<br>SUITE 401<br>PALM HARBOR, FL 34685 US |
|---|---|

**DO NOT WRITE IN THIS SPACE**



02162007 No Chg-LLC CR2E083 (11/05)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>01-0563192                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>MEHTA, MONABEN<br>3488 EAST LAKE ROAD<br>SUITE 401<br>PALM HARBOR, FL 34685 |
|---|

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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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MEHTA, MONABEN<br>3488 EAST LAKE ROAD, SUITE 401<br>PALM HARBOR, FL 34685 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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 03/06/07-80006-016 50.00

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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:** M. Mehlz **02-20-07** **721-785-7461**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #