## LIMITED LIABILITY COMPANY **ANNUAL REPORT**

NT # L02000009646

NPER PROPERTIES, LLC



US

**FILED** Jan 28, 2008 08:00 AN Secretary of State

oal Place of Business ÈSSNA BLVD. ANGE, FL 32128 US

Mailing Address 221 CESSNA BLVD. PT ORANGE, FL 32128

## DO NOT WRITE IN THIS SPACE

01132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 05-0540404 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SKINNER, ANGELA 221 CESSNA BLVD PT ORANGE, FL 32128

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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 egent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

<del>U000008QQESS's</del>

<del>01/31/08-80027-017-138.75</del>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SKINNER, ANGELA 221 CESSNA BLVD. PT ORANGE, FL 32128	
NAME STREET ADDRESS CHY-ST-ZIP	MGRM SKINNER, MICHAEL 221 CESSNA BLVD. PT ORANGE, FL 32128	
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	·	

## DO NOT WRITE IN THIS SPACE

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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.