FILED
May 03, 2004 08:00 AM
Secretary of State

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000016060

1. Entity Name
NATIONAL ASSET MANAGEMENT, L.L.C.

Principal Place of Business	Mailing Address
5895 CATESBY STREET BOCA RATON, FL 33433 US	5895 CATESBY STREET BOCA RATON, FL 33433 US

DO NOT WRITE IN THIS SPACE

03132004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
33-1016095
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FEINMEL, HOWARD
5895 CATESBY STREET
BOCA RATON, FL 33433

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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: _____ 4/29/04
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, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	FEINMEL, HOWARD
STREET ADDRESS	5895 CATESBY STREET
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	MGRM
NAME	CARLIN, ROBERT J
STREET ADDRESS	10693 ANNA MARIE DRIVE
CITY-ST-ZIP	GLEN ALLEN, VA 23060
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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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: Howard Feinmel 4/29/04 561-389-8749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #