


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90102 018 \*\*\*\*50.00

<b>DOCUMENT # L02000016060</b>	
1. Entity Name <b>NATIONAL ASSET MANAGEMENT, L.L.C.</b>	

Principal Place of Business <b>5895 CATESBY STREET BOCA RATON, FL 33433 US</b>	Mailing Address <b>5895 CATESBY STREET BOCA RATON, FL 33433 US</b>
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2. Principal Place of Business <b>5192 10th Avenue North</b>	3. Mailing Address <b>5192 10th Ave North</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

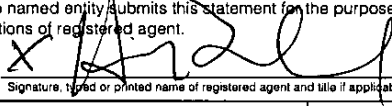
City & State <b>Gretnaves FL</b>	City & State <b>Gretnaves FL</b>
Zip <b>33463</b>	Country <b>US</b>
Zip <b>33463</b>	Country <b>US</b>



04282005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>33-1016095</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent		
<b>FEINMEL, HOWARD</b> <b>5895 CATESBY STREET</b> <b>BOCA RATON, FL 33433</b>		
7. Name and Address of New Registered Agent		
Name: <b>Feinmel, Howard</b> Street Address (P.O. Box Number is Not Acceptable): <b>5192 10th Ave North</b> City: <b>Gretnaves FL</b> Zip Code: <b>33463</b>		

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:  DATE: **4/28/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEINMEL, HOWARD 5895 CATESBY STREET BOCA RATON, FL 33433 <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	MGRM CARLIN, ROBERT J 10693 ANNA MARIE DRIVE GLEN ALLEN, VA 23060 <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
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
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
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

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: **4/28/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**HOWARD FEINMEL**