

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90024 007 \*\*\*\*50.00

**DOCUMENT # L02000022145**

1. Entity Name  
**NP ENTERPRISES, LLC**



Principal Place of Business  
**222 U.S. HIGHWAY 1 SOUTH, SUITE 209  
TEQUESTA, FL 33469**

Mailing Address  
**222 U.S. HIGHWAY 1 SOUTH, SUITE 209  
TEQUESTA, FL 33469**

**24045944**



04052004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0743629**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HALL, JAMES W**  
~~1000 US HWY ONE, #762~~ **222 S. US Hwy one, # 209**  
~~JUPITER, FL 33477~~ **Tequesta, FL 33469**

**DO NOT WRITE  
IN THIS SPACE**

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

**JAMES W. HALL**

**4-6-04**

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	MGR
NAME	BELLINGER, RICHARD P
STREET ADDRESS	222 S. US HWY ONE, #209
CITY - ST - ZIP	JUPITER, FL 33469
TITLE	MGR
NAME	HALL, JAMES W
STREET ADDRESS	<del>1000 US HWY ONE, #762</del> <b>222 S. US Hwy One, # 209</b>
CITY - ST - ZIP	<del>JUPITER, FL 33477</del> <b>Tequesta, FL 33469</b>
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**

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:**

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

**JAMES W. HALL**

Date

**4-6-04**

Daytime Phone #

**(561) 744-3341**