

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024459

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: NA ASSOCIATES, LLC

**Current Principal Place of Business:**

17757 U.S. HIGHWAY 19 NORTH, SUITE 275  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

17757 U.S. HIGHWAY 19 NORTH, SUITE 275  
CLEARWATER, FL 33764

**New Mailing Address:**

FEI Number: 71-0906988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARNOLD, LEE E JR.  
17757 U.S. HIGHWAY 19 NORTH, SUITE 275  
CLEARWATER, FL 33764 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ARNOLD, LEE E JR  
Address: 17757 US HWY 191 N STE 275  
City-St-Zip: CLEARWATER, FL 33764

Title: MGR ( ) Delete  
Name: ARNOLD, DEBORAH G  
Address: 1049 BAY ESPLANDE  
City-St-Zip: CLEARWATER BEACH, FL 33767

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LEE ARNOLD

MGR

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date