

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024459

**FILED**  
**Apr 29, 2008**  
**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:**

311 PARK PLACE BLVD.,  
SUITE 600  
CLEARWATER, FL 33759

**Current Mailing Address:**

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

**New Mailing Address:**

311 PARK PLACE BLVD.,  
SUITE 600  
CLEARWATER, FL 33759

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:**

ARNOLD, LEE E JR.  
311 PARK PLACE BLVD.,  
SUITE 600  
CLEARWATER, FL 33759 US

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: MIKE DELP

04/29/2008

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: MGR (X) Change ( ) Addition  
Name: ARNOLD, LEE E JR  
Address: 311 PARK PLACE BLVD., SUITE 600  
City-St-Zip: CLEARWATER, FL 33759

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: MIKE DELP

AGNT

04/29/2008

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