

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000436

Entity Name: NCA PROPERTIES, LLC

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

12024 SW 77 TERR.
MIAMI, FL 33183 US

New Principal Place of Business:

12307 SW 130 STREET
MIAMI, FL 33186 US

Current Mailing Address:

12024 SW 77 TERR.
MIAMI, FL 33183 US

New Mailing Address:

12307 SW 130 STREET
MIAMI, FL 33186 US

FEI Number: 72-1572330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFONSO, CARMEN
12024 SW 77 TERR.
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

ALFONSO, CARMEN
12307 SW 130 STREET
MIAMI, FL 33186 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: CARMEN ALFONSO

04/20/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ALFONSO, CARMEN
Address: 12024 SW 77 TERR
City-St-Zip: MIAMI, FL 33183

Title: MGRM () Delete
Name: ALFONSO, JUAN
Address: 12024 SW 77 TR.
City-St-Zip: MIAMI, F 33183

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALFONSO, CARMEN
Address: 12307 SW 130 STREET
City-St-Zip: MIAMI, FL 33186

Title: MGRM (X) Change () Addition
Name: ALFONSO, JUAN
Address: 12307 SW 130 STREET
City-St-Zip: MIAMI, F 33186

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARMEN ALFONSO

MGR

04/20/2005

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