


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/ **FILED**
Jun 02, 2006 8:00 am
Secretary of State
 05-01-2006 90061 034 ****50.00

DOCUMENT # L03000001592

1. Entity Name
NAB ONLINE, L.L.C.



Principal Place of Business
3300 NE 41ST PLACE
OCALA, FL 34470

Mailing Address
3300 NE 41ST PLACE
OCALA, FL 34470

30005410



2. Principal Place of Business
5026 NW Gainesville

3. Mailing Address
same as

Suite, Apt. #, etc.
Residence

04072006 Chg-LLC CR2E083 (11/05)

City & State
Ocala, FL

City & State

4. FEI Number
06-1659707

Applied For
 Not Applicable

Zip
34475

Country
Marion

Zip

Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SWANSON, VIVIEN L
2522 SW 27TH AVE
OCALA, FL 34474

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Edward Swanson (NOTE: Registered Agent signature required when re-stating) DATE

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDWARD RAMS SWANSON 3300 NE 41ST PLACE OCALA, FL 34470 <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 SWANSON, VIVIEN L 21635 NW 75TH AVE. RD. MICANOPY, FL 32667 <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
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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 exemptions contained in Chapter 119, 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: Edward Swanson Date 5/26/06 Daytime Phone # 352-351-8884