## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L03000003066

DOCUMEN! # L03000003066								
1. Entity Name NATIONAL TRUST ASSOCIATES LLC					, , ,	•••		
					14 APR 21	AM 11: 05	5	
Principal Place of Business Mailing Address				C	r Cae iAR	Y OF STAI	Ē.	
32 SW 5TH AVENUE Delray Beach, Fl. 33444		32 SW 5TH AVENUE TA			ECRETARY OF STATE LLAHASSEE.FLORIDA			
DEERAT DEACH, LE 33444				173				
A Charles I Draw of Decision								
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03232004	Chg-LLC	CR2E083 (10/03)	
City & State		City & State				<del>-</del>		alicel For
City & State		City & State		4. FEI Number 20/	DOR546	, No	oplied For ot Applicable	
Zip	Country Zip C		Coun	ntry 5. Certificate of Status		of Status Desired	S5.00 Add	
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Registered Agent		l	7. Name and	Address of New R	<u> </u>	
000000	TT 000 A TION 10 A 1570 A 100 DIZE	2140		Name C'Hei	S A 1 1 / K	CALOROCA		
CORPORATE CREATIONS NETWORKS INC. 941 FOURTH STREET				C'HPIS NICKOLOPOLOS  Street Address (P.O. Box Number is Not Acceptable)  405 N. OEW BUD. #507				
MIAMI BEA	ACH, FL 33139	405		705 A	J. CEAN	15/00. 7		
					···	<del></del>	1- 0	
				City Tompano Figh. FL Zip Code 33062				
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.								
3-21-14								
Signature: Spriature, typed or posed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
						T	and the second second	
Filling Fee is \$50.00 Make check payable to Due by May 1, 2004 Florida Capartment of State								<b>e</b> .
				<del></del>				
9. TITLE	MANAGING MEMBI	Delete	10.	:	<del></del>	ADDITIONS/	CHANGES Change	Addition
NAME	RESTREPO, SHARON	, El Delete	NAM		7	'വവവ⊇⊿		
STREET ADDRESS CITY-ST-ZIP	32 SW 5TH AVENUE			ET ADDRESS	04/2	29/04010	522277     07012 **5	n. na -
TITLE	DELRAY BEACH, FL 33444 MGR	☐ Delete	mu	-ST-ZIP	······································		☐ Change	Addition
NAME	RESTREPO, JUAN C	C Desca	NAM	1	7	nnnaa		;
STREET ADDRESS	32 SW 5TH AVENUE			ET ADDRESS	04/2	9/040100	·5222 <b>7</b> 7 )7013 **5.	.00
CITY-ST-ZIP	MGR BEACH, FL 33444			-ST-ZIP	······································	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
TITLE NAME	PARADY, JEFFREY	Delete	ntli				C) Crange	LT MODIONI
STREET ADDRESS	32 SW 5TH AVENUE			ET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH, FL 33444			-ST-21P			C Charac	T takking
TITLE NAME	MGR FREIBERG, ARTHUR	Mar Delete	NAM				Change	☐ Addition
STREET ADDRESS	32 SW 5TH AVENUE	hull p		ET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH, FL 3344	day freebas	4	-ST-ZIP				
TITLE	MGR NICKOLOPOULOS, CHRISTOP	Delete ()	TITLI	1			☐ Chángé	Addition
STREET ADDRESS	32 SW 5TH AVENUE			EET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH, FL 33444	10 5	CITY	-ST-ZIP		······		
TITLE NAME		Delete `	TIR.	1			Change	☐ Addition
STREET ADDRESS				ET ADDRESS				
City-St-ZIP			CITY	-ST-ZIP				
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 eath; that I am a managing member or manager of the								
limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
4/6-04/ 00/07/17								
SIGNATURE: SIGNATURE AND DIPPET OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESI						Date	Daytime Phone #	<u> </u>
tt								