



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000003066 1. Entity Name NATIONAL TRUST ASSOCIATES LLC				 <div style="position: absolute; top: 0; right: 0; font-size: 2em; font-weight: bold; text-align: right;">FILED</div> <div style="position: absolute; bottom: 0; right: 0; font-size: 1.2em;">04 APR 21 AM 11:05</div>	
Principal Place of Business 32 SW 5TH AVENUE DELRAY BEACH, FL 33444		Mailing Address 32 SW 5TH AVENUE DELRAY BEACH, FL 33444		SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
2. Principal Place of Business <i>SAME</i>		3. Mailing Address <i>SAME</i>		03232004 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 201002546	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORKS INC. 941 FOURTH STREET MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name <i>CHRIS NIKOLOPOULOS</i> Street Address (P.O. Box Number is Not Acceptable) <i>405 N. OCEAN BLVD. #507</i> City <i>Pompano Beach</i> FL Zip Code <i>33062</i>	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <i>3-26-04</i>	
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RESTREPO, SHARON 32 SW 5TH AVENUE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700034522277 04/29/04--01007--012 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RESTREPO, JUAN C 32 SW 5TH AVENUE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700034522277 04/29/04--01007--013 **5.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARADY, JEFFREY 32 SW 5TH AVENUE DELRAY BEACH, FL 33444	<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	MGR FREIBERG, ARTHUR 32 SW 5TH AVENUE DELRAY BEACH, FL 33444	<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	MGR NICKOLOPOULOS, CHRISTOPHER 32 SW 5TH AVENUE DELRAY BEACH, FL 33444	<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	MGR 	<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 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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <i>4-16-04</i>	
				Daytime Phone # <i>954-274-1776</i>	