

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003066

FILED
Mar 09, 2005
Secretary of State

Entity Name: NATIONAL TRUST ASSOCIATES LLC

Current Principal Place of Business:

32 SW 5TH AVENUE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

32 SW 5TH AVENUE
DELRAY BEACH, FL 33444

New Mailing Address:

405 N OCEAN BLVD
507
POMPANO BEACH, FL 33062

FEI Number: 20-1002546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICKOLOPOULOS, CHRIS
405 N OCEAN BLVD #507
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR (X) Delete
Name: RESTREPO, SHARON
Address: 32 SW 5TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR (X) Delete
Name: RESTREPO, JUAN C
Address: 32 SW 5TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR (X) Delete
Name: PARADY, JEFFREY
Address: 32 SW 5TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR () Delete
Name: NICKOLOPOULOS, CHRISTOPHER
Address: 32 SW 5TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: NICKOLOPOULOS, CHRISTOPHER
Address: 405 NORTH OCEAN BLVD 3 507
City-St-Zip: POMPANO BEACH, FL 33062

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: CN

MGR

03/09/2005

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