FROM : JAMES K. ANDERSON, CPA, PSC   FAX NO. : 606 433 0054

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90146 021 ****50.00

DOCUMENT # L03000025176

1. Entity Name
NPC LAND COMPANY, LLC

Principal Place of Business	Mailing Address
4636 SOUTHWINDS III DRIVE DESTIN, FL 32541	P.O. BOX 6878 DESTIN, FL 32550

04302004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
4476 LEGENDARY DRIVE		4476 LEGENDARY DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DESTIN FL		City & State: DESTIN FL	
Zip: 32541	Country: OKALOSSA	Zip: 32541	Country: OKALOSSA

4. FEI Number 74-3098675 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, THERESA 4636 SOUTHWINDS III DRIVE DESTIN, FL 32541	Name: JOHNSON, THERESA Street Address (P.O. Box Number Is Not Acceptable): 4476 LEGENDARY DR City: DESTIN FL Zip Code 32541

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: [signature] DATE 4-30-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM JOHNSON, THERESA 4636 SOUTHWINDS III DRIVE DESTIN, FL 32541	☐ Delete	4476 LEGENDARY DRIVE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JOHNSON, MARTY 4636 SOUTHWINDS III DRIVE DESTIN, FL 32541	☐ Delete	4476 LEGENDARY DRIVE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: [signature] 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #