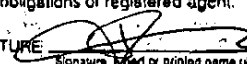
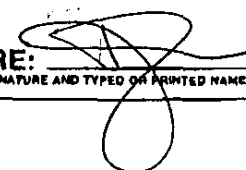


FROM : JAMES K. ANDERSON, CPA, PSC FAX NO. : 606 433 0054

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 4636 SOUTHWINDS III DRIVE DESTIN, FL 32541		Mailing Address P.O. BOX 6878 DESTIN, FL 32550	
2. Principal Place of Business 4476 LEGENDARY DRIVE Suite, Apt. #, etc.		3. Mailing Address 4476 LEGENDARY DRIVE Suite, Apt. #, etc.	
City & State DESTIN FL		City & State DESTIN FL	
Zip 32541		Country OKALOOSA	
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 JOHNSON, THERESA 4636 SOUTHWINDS III DRIVE DESTIN, FL 32541		7. Name and Address of New Registered Agent 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  DATE 4-30-04 (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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4476 LEGENDARY DRIVE ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, MARTY 4636 SOUTHWINDS III DRIVE DESTIN, FL 32541 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4476 LEGENDARY DRIVE ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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)(f), 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: 		4/30/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	