

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90040 038 \*\*\*\*50.00

**DOCUMENT # L03000025176**

1. Entity Name  
**NPC LAND COMPANY, LLC**



Principal Place of Business      Mailing Address

**4476 LEGENDARY DR.  
 DESTIN, FL 32541**      **4476 LEGENDARY DR.  
 DESTIN, FL 32541**

2. Principal Place of Business      3. Mailing Address

**1400 30th Street**      **1400 30th Street**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**2nd Floor Ste B**      **2nd Floor Ste B**

City & State      City & State

**Niceville FL**      **Niceville FL**

Zip      Country      Zip      Country

**32578**      **USA**      **32578**      **USA**



04102006    Chg-LLC    CR2E083 (11/05)

6. Name and Address of Current Registered Agent

**JOHNSON, THERESA  
 4476 LEGENDARY DR.  
 HURLBURT FIELD, FL 32544**

4. FEI Number      Applied For

**74-3098675**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1400 30th Street 2nd Floor Ste B**

City **Niceville**      State **FL**      Zip Code **32578**

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: *Theresa Johnson*      DATE: **4-12-06**

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

**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHNSON, THERESA 4476 LEGENDARY DR. DESTIN, FL 32541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JOHNSON, MARTY 4476 LEGENDARY DR. DESTIN, FL 32541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1400 30th Street, 2nd Floor Ste B Niceville FL 32578</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1400 30th Street, 2nd Floor Ste B Niceville FL 32578</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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: *Theresa Johnson*      DATE: **4-12-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #