
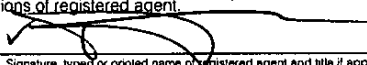
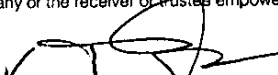


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 4476 LEGENDARY DR. DESTIN, FL 32541			Mailing Address 4476 LEGENDARY DR. DESTIN, FL 32541		
2. Principal Place of Business 1400 30th Street Suite, Apt. #, etc. 2nd Floor Ste B City & State Niceville FL Zip 32578			3. Mailing Address 1400 30th Street Suite, Apt. #, etc. 2nd Floor Ste B City & State Niceville FL Zip 32578		
4. FEI Number 74-3098675			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent JOHNSON, THERESA 4476 LEGENDARY DR. HURLBURT FIELD, FL 32544			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 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 4-12-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		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 4476 LEGENDARY DR. DESTIN, FL 32541	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1400 30th Street, 2nd Floor Ste B Niceville FL 32578
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	1400 30th Street, 2nd Floor Ste B Niceville FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<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	<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 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4-12-06 <small>Date</small>		