2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2004
Secretary of State

DOCUMENT# L03000030297

Entity Name: NATIONAL 1ST HOLDINGS, L.L.C.

Current Principal Place of Business:

2638 GATELY DR. EAST, UNIT 123
WEST PALM BEACH, FL 33415

New Principal Place of Business:

6659 SOUTHPORT DRIVE
BOYNTON BEACH, FL 33437 US

Current Mailing Address:

2638 GATELY DR. EAST, UNIT 123
WEST PALM BEACH, FL 33415

New Mailing Address:

6659 SOUTHPORT DRIVE
BOYNTON BEACH, FL 33437 US

FEI Number: 11-3701511 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LISA I. GLASSMAN, P.A.
2627 NE 203RD ST, STE 100
AVENTURA, FL 33180 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 ( ) Delete
Name: MACALPINE, JAMES
Address: 2638 GATELY DR. EAST, UNIT 123
City-St-Zip: WEST PALM BEACH, FL 33415

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MACALPINE, JAMES W
Address: 6659 SOUTHPORT DRIVE
City-St-Zip: BOYNTON BEACH, FL 33415 US

Title: MGRM ( ) Change (X) Addition
Name: KELLY, DAVID L
Address: 663 APRIL SOUND
City-St-Zip: PEARL, MS 39208 US

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: JAMES W MACALPINE MGRM 07/19/2004

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