

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002729

Entity Name: JACKSONVILLE NAP, LLC

FILED
Jul 19, 2007
Secretary of State

Current Principal Place of Business:

333 FIRST ST. N.
SUITE 305
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

1328 THIRD ST N
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

333 FIRST ST. N.
SUITE 305
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

1328 THIRD ST N
JACKSONVILLE BEACH, FL 32250

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MILLER, JOHN MCCE P.A.
333 FIRST ST N, STE 305
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

MILLER, JOHN MCCE P.A.
1328 THIRD ST N
JACKSONVILLE BEACH, FL 32250 US

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:

07/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TRINITY REALTY PARTN, ERS, LLC
Address: 333 FIRST ST. N., SUITE 305
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TRINITY REALTY PARTN, ERS, LLC
Address: 1328 THIRD ST N
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PARK BEELER

MGRM

07/19/2007

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