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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000015696

1. Entity Name
NA HOLDINGS LLC

Principal Place of Business	Mailing Address
~~1917 HARRISON STREET, SUITE 100~~ ~~HOLLYWOOD, FL 33020~~	~~1917 HARRISON STREET, SUITE 100~~ ~~HOLLYWOOD, FL 33020~~

2. Principal Place of Business	3. Mailing Address
2295 NW Corporate Blvd.	2295 NW Corporate Blvd
Suite, Apt. #, etc.: 235	Suite, Apt. #, etc.: 235
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33431 Country: USA	Zip: 33431 Country: USA

07102006 Chg-LLC CR2E083 (11/05)

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KANTER, ADAM 1917 HARRISON STREET, SUITE 100 HOLLYWOOD, FL 33020	Name: BETH E. LINENER Street Address (P.O. Box Number is Not Acceptable): 2295 NW Corporate Blvd. #235 City: Boca Raton FL Zip Code: 33431

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 [signature] 7/10/06
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 September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGRM~~ ~~KANTER, ADAM~~ ~~1917 HARRISON STREET, SUITE 100~~ ~~HOLLYWOOD, FL 33020~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BETH E. LINENER, mgrm 2295 NW Corporate Blvd, #235 Boca Raton, FL 33431 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGRM~~ ~~PRAVER, MICHAEL~~ ~~1917 HARRISON STREET, SUITE 100~~ ~~HOLLYWOOD, FL 33020~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

2006

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: [signature] 7/10/06 (561) 999-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #