

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

07-11-2005 90041 026 ****50.00

DOCUMENT # L04000021699

1. Entity Name
NDC INVESTMENTS, LLC



Principal Place of Business
**1001 3RD AVENUE WEST, STE. 600
BRADENTON, FL 34205**

Mailing Address
**1001 3RD AVENUE WEST, STE. 600
BRADENTON, FL 34205**

30010488



2. Principal Place of Business
1001 3rd Avenue West
Suite, Apt. #, etc.
Suite 600

3. Mailing Address
1001 3rd Avenue West
Suite, Apt. #, etc.
Suite 600

08042005 Chg-LLC CR2E083 (10/03)

City & State
Bradenton, FL
Zip
34205 Country
USA

City & State
Bradenton, FL
Zip
34205 Country
USA

4. FEI Number
54-2152578

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALLEN, RONALD J
1001 3RD AVENUE WEST, STE. 600
BRADENTON, FL 34205

7. Name and Address of New Registered Agent

Name **Clifford L. Walters**
Bialock, Walters, Heid & Johnson, P.A.
Street Address (P.O. Box Number is Not Acceptable)
802 11th Street West
Bradenton, FL 34205
City **FL** Zip Code

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

Clifford L. Walters

Clifford L. Walters

8/4/05

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 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Ronald J. Allen, P/S/T ☐ Delete
1001 3rd Avenue West, Suite 600
Bradenton, FL 34205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Gary L. Huggins, VP ☐ Delete
1001 3rd Avenue West, Suite 600
Bradenton, FL 34205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

Ronald J. Allen

Ronald J. Allen, 8/4/05 (941) 745-1228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #