

**ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

**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**



01032008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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**

**WALTERS, CLIFFORD L  
BLALOCK, WALTERS, HEID & JOHNSON, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205**

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable(NOTE: Registered agent signature required when reinstating)DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

1000000778387  
01/10/08-80047-002 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	PST
NAME	ALLEN, RONALD J
STREET ADDRESS	1001 3RD AVENUE WEST, STE. 600
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	VP
NAME	HUGGINS, GARY L
STREET ADDRESS	1001 3RD AVENUE WEST, STE. 600
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

1-7-08

Date

941-747-1062

Daytime Phone #