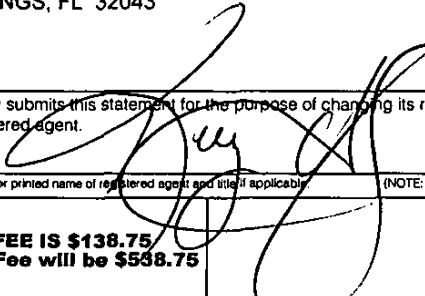


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90078 047 ***138.75

DOCUMENT # L04000032339 1. Entity Name NAS COMMERCIAL PARK, LLC					
Principal Place of Business 428 WALNUT STREET GREEN COVE SPRINGS, FL 32043 US			Mailing Address 428 WALNUT STREET GREEN COVE SPRINGS, FL 32043 US		
2. Principal Place of Business - No P.O. Box # 3616 Magnolia Pt Blvd		3. Mailing Address 3616 Magnolia Pt Blvd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Green Cove Springs, FL		City & State Green Cove Springs, FL		4. FEI Number 20-1246540	
Zip 32043		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DUVAL, STEPHEN J 428 WALNUT STREET GREEN COVE SPRINGS, FL 32043			7. Name and Address of New Registered Agent Name Kelly Hartwig Street Address (P.O. Box Number is Not Acceptable) 3616 Magnolia Pt Blvd City Green Cove Springs FL Zip Code 32043		
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 2/15/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUVAL, STEPHEN J 428 WALNUT STREET GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN ROYAL, BERT 3616 MAGNOLIA POINT BLVD GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARTWIG, KELLY W PO BOX-7776 JACKSONVILLE, FL 32238	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 2/15/08 Daytime Phone # 904-269-4600		