


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90039 006 \*\*\*\*50.00

<b>DOCUMENT # L04000038857</b>	
1. Entity Name <b>NATIONAL MARKETERS LLC</b>	

Principal Place of Business <b>8221 ALLENDALE COURT NAPLES FL 34120 US</b>	Mailing Address <b>8221 ALLENDALE COURT NAPLES FL 34120 US</b>
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2. Principal Place of Business <b>28501 AZZILI WAY</b> Suite, Apt. #, etc.	3. Mailing Address <b>28501 AZZILI WAY</b> Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/04)

City & State <b>Bonita Springs FL</b>	City & State <b>Bonita Springs FL</b>
Zip <b>34135</b>	Zip <b>34135</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>57-1206974</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ROBERTSON, LEN PRES 8221 ALLENDALE COURT NAPLES FL 34120</b>	
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7. Name and Address of New Registered Agent	
Name <b>Robertson, Len Pres</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>28501 AZZILI WAY</b>	
City <b>Bonita Springs</b>	Zip Code <b>FL 34135</b>

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ROBERTSON, LEN PRES 8221 ALLENDALE COURT NAPLES FL 34120</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ADLOFF, TOM VP 2459 ELMWOOD GRAND RAPIDS MI 49506</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>28501 AZZILI WAY Bonita Springs FL 34135</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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:**  **04/25/01 239-992-9906**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #