2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 14, 2005
Secretary of State

DOCUMENT# L04000044870

Entity Name: NATIONAL RECOVERY ASSOCIATES, LLC

Current Principal Place of Business:

2429 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2429 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 20-2625846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HIRSCH, DAVID
C/O N.R.A.
2429 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	CONTA, RAYMOND A	
Address:	36 PEBBLE BROOK WAY	
City-St-Zip:	CHAPPAQUA, NY 10514	
Title:	MGRM	( ) Delete
Name:	COLLETTI, VINCENT	
Address:	260 HARDSCRABBLE RD.	
City-St-Zip:	NORTH SALEM, NY 10560	
Title:	MGRM	( ) Delete
Name:	FOTI, PAUL	
Address:	14 COON DEN	
City-St-Zip:	HOPEWELL JUNCTION, NY 12533	
Title:	MGRM	( ) Delete
Name:	HIRSCH, DAVID	
Address:	11528 HIBBS GROVE DRIVE	
City-St-Zip:	COOPER CITY, FL 33330	
Title:	MGRM	( ) Delete
Name:	STEAD, JAMES	
Address:	19 ROSS DRIVE	
City-St-Zip:	YORTOWNHEIGHTS, NY 10598	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RAYMOND A. CONTA MGRM 06/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date