2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

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Entity Name: NAP-RREI, LLC

Current Principal Place of Business:

7500 COLLEGE PARWAY
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

7500 COLLEGE PARKWAY
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 32-0121765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAFELE, DALE
7500 COLLEGE PARKWAY
FORT MYERS, FL 33907 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	NORTH AMERICA SOUTHE, AST PROPERTIES , INC.	
Address:	7500 COLLEGE PARKWAY	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	MGRM	( ) Delete
Name:	CALITICO, LLC,	
Address:	809 IRMA AVENUE, SUITE # 2	
City-St-Zip:	ORLANDO, FL 32803	
Title:	MGR	( ) Delete
Name:	WHITAKER, COLE	
Address:	809 IRMA AVENUE, SUITE # 2	
City-St-Zip:	ORLANDO, FL 32803	
Title:	MGR	(X) Delete
Name:	ROPER, TONY	
Address:	809 IRMA AVENUE, SUITE # 2	
City-St-Zip:	ORLANDO, FL 32803	
Title:	MGR	(X) Delete
Name:	HAFELE, DALE	
Address:	7500 COLLEGE PARKWAY	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	MGR	(X) Delete
Name:	ADKINS, JIMMY	
Address:	7500 COLLEGE PARKWAY	
City-St-Zip:	FORT MYERS, FL 33907	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	NAP II INVESTMENTS M, ANAGEMENT COMP A NY INC.	
Address:	7500 COLLEGE PARKWAY	
City-St-Zip:	FORT MYERS, FL 33907	
Title:	MGR	(X) Change ( ) Addition
Name:	ROPER, TONY	
Address:	809 IRMA AVENUE, SUITE #2	
City-St-Zip:	ORLANDO, FL 32803	
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: S. SPREHN FOR NAP II INV. MGMT. CO. INC. O 04/28/2005

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