

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L04000048034

1. Entity Name  
NAP-RREI, LLC



Principal Place of Business  
7500 COLLEGE PARKWAY  
FORT MYERS, FL 33907

Mailing Address  
7500 COLLEGE PARKWAY  
FORT MYERS, FL 33907



01252007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
32-0121765

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HAFELE, DALE  
7500 COLLEGE PARKWAY  
FORT MYERS, FL 33907

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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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME NAP II INVESTMENTS MANAGEMENT COMPANY INC.  
STREET ADDRESS 7500 COLLEGE PARKWAY  
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE MGR  
NAME ROPER, TONY  
STREET ADDRESS 809 IRMA AVENUE, SUITE #2  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE MGR  
NAME WHITAKER, COLE  
STREET ADDRESS 809 IRMA AVENUE, SUITE # 2  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000702435  
04/20/07-80098-007 50.00

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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

Date

Daytime Phone #

Cole Whitaker 4/4/07 407-256-9594