

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L04000048034 1. Entity Name NAP-RREI, LLC	
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Principal Place of Business 7500 COLLEGE PARWAY FORT MYERS, FL 33907	Mailing Address 7500 COLLEGE PARKWAY FORT MYERS, FL 33907
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DO NOT WRITE IN THIS SPACE



01252007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 32-0121765	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAP II INVESTMENTS MANAGEMENT COMPANY INC. 7500 COLLEGE PARKWAY FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROPER, TONY 809 IRMA AVENUE, SUITE #2 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITAKER, COLE 809 IRMA AVENUE, SUITE # 2 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #