

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90028 032 ****50.00

DOCUMENT # L04000053564					
1. Entity Name NAR3, LLC					
Principal Place of Business 23427 WESTCHESTER BLVD. PORT CHARLOTTE, FL 33980			Mailing Address C/O DAVID A. HOLMES, ESQ. POST OFFICE DRAWER 511447 PUNTA GORDA, FL 33951-1447		
2. Principal Place of Business		3. Mailing Address C/O DAVID A. HOLMES ESQ			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 99 NESBIT STREET		01052005 Chg-LLC CR2E083 (10/03)	
City & State		City & State PUNTA GORDA, FL		4. FEI Number 20-1570553	
Zip		Country 33950 US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOMES, DAVID A ESQUIRE FARR, FARR, EMERICH, SIFRIT, HACKETT AND C 99 NESBIT STREET PUNTA GORDA, FL 33950-3636				Name HOLMES, DAVID A ESQ Street Address (P.O. Box Number is Not Acceptable) FARR LAW FIRM 99 NESBIT STREET PUNTA GORDA FL Zip Code 33950	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEIL B. ZUSMAN 2342 WESTCHESTER BLVD. PORT CHARLOTTE, FL 33980			<input type="checkbox"/> Delete	
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	
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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:				3/20/05 (941)743-8744	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE NEIL B. ZUSMAN, MANAGER				Date Daytime Phone #	