

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000067416

1. Entity Name
NATIONAL PROPERTY GROUP, LLC



Principal Place of Business

**1891 CENTER ROAD
TERRA CEIA, FL 32450**

Mailing Address

**P.O. BOX 328
1891 CENTER ROAD
TERRA CEIA, FL 32450-0328**



04042006 No Chg-LLC

CR2ED83 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1644692

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LABRECQUE, FRANCOIS MGRM
P.O. BOX 328
1891 CENTER ROAD
TERRA CEIA, FL 34250-0328**

**DO NOT WRITE
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)

Sec **Francis Labrecque** 4/4/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LABRECQUE, FRANCOIS
P.O. BOX 328, 1891 CENTER ROAD
TERRA CEIA, FL 324500328**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/21/06 80010-021 50.00

**DO NOT WRITE
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 #