2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 26, 2005 8:00 am Secretary of State

DOCLU					l .			
DOCUMENT # L04000072457 1. Entity Name NFP, LLC							0058 020 ****50	0.00
Principal Place	e of Business	Mailing Address	•		1	200040 9	1	
12146 CURLEY STREET		P.O. BOX 907			••			
SAN ANTONIO, FL 33576		P.O. BOX 907 SAN ANTONIO, FL 33576-0907						
JAN ANTONIC	J, IL 33370	SAN ANTONIO, IL 333	70-0307			EFM BISK EEM EEM EFM	CE IN SEELE 12 2 11 CIEEL EN 11 1 2 2	1881 W 1881
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222005 Chg-LLC CR2E083 (10/03)				
City & State		City & State		4. FEI Numbe	0405905		pplied For	
Zip	Country	Zip	Country			of Status Desired	□ \$5.00 Add	litional
	6. Name and Address of Current R	enistered Agent	-			Address of New Re	Fee Require	<u>d</u>
	o. Name and Address of Current H	egistered Agent	Name		7. Name and	Address of New Ne	gistered Agent	
NEWLON,	TIMOTHY RLEY STREET			P.O. Box Numbe	er is Not Acceptable)	 		
	ONIO, FL 33576							
		City					FL Zip Cod	9
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office	or register	red agent, or bot	h, in the State of Flor	rida. I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE	E: Registered Agent sig	nature required	d when reinstating)		DATE	
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, Fi	ling Fee is \$50.00 ue by May 1, 2005					the state of the s	check payable to Department of Stat	8
Jr Di	ling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER	S/MANAGERS	10.			the state of the s	Department of State	• · · · · · · · · · · · · · · · · · · ·
, FI Di	ue by May 1, 2005	IS/MANAGERS	10.			Florida	Department of State	Addition
Fi Di	ue by May 1, 2005 MANAGING MEMBER					Florida	Department of State	
9.	MANAGING MEMBER		TITLE	s		Florida	Department of State	
9. TITLE NAME	MANAGING MEMBER MGRM NEWLON, TIMOTHY		TITLE NAME	s		Florida	Department of State	
9. ITTLE NAME STREET ADDRESS	MANAGING MEMBER MGRM NEWLON, TIMOTHY P.O. BOX 907		TITLE NAME STREET ADDRES	s		Florida	Department of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM NEWLON, TIMOTHY P.O. BOX 907 SAN ANTONIO, TX 33576	□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		Florida	Department of State CHANGES Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM NEWLON, TIMOTHY P.O. BOX 907 SAN ANTONIO, TX 33576 MGRM	□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE			Florida	Department of State CHANGES Change	☐ Addition
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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.

1-22-05

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED IN ME OF SIGNING MANAGING MEMBER, MANAG

JOSEPH NEW LON

352-588-3844