

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000072478**

1. Entity Name  
**NATIONAL EQUITY TRUST REALTY LLC**



Principal Place of Business

**3003 TAMiami TRAIL N  
SUITE 210  
NAPLES, FL 34103**

Mailing Address

**3003 TAMiami TRAIL N  
SUITE 210  
NAPLES, FL 34103**



04292008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1840088**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**BRADLEY, WILLIAM J  
3003 TAMiami TRAIL N  
SUITE 210  
NAPLES, FL 34103**

**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)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000936885

05/27/08-80027-024 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	BRADLEY, WILLIAM J
STREET ADDRESS	2836 SILVERLEAF LANE
CITY - ST - ZIP	NAPLES, FL 34105
TITLE	MGR
NAME	HASSANO, LEIGH A
STREET ADDRESS	1215 SOUTH EAST 34TH TERRACE
CITY - ST - ZIP	NAPLES, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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

4/29/08

Date

239 261 1184

Daytime Phone #