


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L04000080795</b><br>1. Entity Name<br><b>NATIONAL PROPERTY SERVICES, LLC</b> |  |
|--|---|

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|--|--|
| Principal Place of Business<br><b>ONE NE 1ST AVENUE, SUITE 301<br/>OCALA, FL 34470</b> | Mailing Address<br><b>ONE NE 1ST AVENUE, SUITE 301<br/>OCALA, FL 34470</b> |
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01042008No Chg-LLC

CR2E083 (12/07)

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|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>20-1855399</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

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| <b>6. Name and Address of Current Registered Agent</b><br><br><b>DRIGGERS, WALTER J<br/>ONE NE 1ST AVENUE, SUITE 301<br/>OCALA, FL 34470</b> |
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**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**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>DRIGGERS, WALTER J<br/>ONE NE 1ST AVE. SUITE 301<br/>OCALA, FL 34442</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

000000792533  
01/24/08-80011-014 138.75

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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: 