2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000085814

Entity Name
 NATIONAL PROPERTIES "LLC"



FILED Apr 14, 2005 8:00 am Secretary of State 04-14-2005 90029 027 ****50.00



Principal Place	e of Business	Mailing Address								
25 VIA DEL O Palm Beach	ORSO Gardens, FL 33418	25 VIA DEL CORSO Palm Beach Garden	_			20032624				
						60M 618M 66M 66M 66M			TOLINI (DOL	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04072005 Chg-LLC CR2E083 (10/03)					
City & State		City & State	City & State		4. FEI Number	934268	,	-	plied For t Applicable	
Zip	Country	Zip	Country	y		5. Certificate of Status Desired S5.00 Additional Fee Required				
	6. Name and Address of Cur	rent Registered Agent	legistered Agent		7. Name and	Address of New Re				
				Name -						
ENTEN, Y			-			·	-			
25 VIA DE			Street Addres		s (P.O. Box Number is Not Acceptable)					
PALM BEA	CH GARDENS, FL 33418	•								
			F	City			FL	Zip Code)	
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.									ĺ	
	Signature, typed or printed name of registered	agent and title if applicable. (NO)TE: Registered A	Agent signature requi	red when reinstating)		DATE			
Filing Fee is \$50.00							check pay			
. Di	ue by May 1, 2005					Florida	Departme	nt of State	•	
9.	MANAGING ME	MBERS/MANAGERS	S/MANAGERS 10.			ADDITIONS/	CHANGES			
THILE	MGRM	Delete	TITLE			ADDITIONS/		☐ Change	☐ Addition	
NAME	ENTEN, YORAM	☐ Delete	NAME	1			1	Change	Augulion	
STREET ADDRESS	25 VIA DEL CORSO			ADDRESS						
CITY-ST-ZIP PALM BEACH GARDENS, FL 334		L 33418	CITY-S							
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NAME		□ Delete	NAME					Criange	LI Addition	
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STREET ADDRESS	,			T ADDRESS						
CITY-ST-ZIP			CITY-5							
11. I hereby	certify that the information supplied	d with this filing does not qualify	for the exem	notion stated in	Section 119.07(3)	i), Florida Statutes	further certi	fy that the in	ntormation	
indicated	on this report is true and accurate	e and that my signature shall-hav	e the same	legal effect as	if made under oat	that I am a manag	ina member	or manage	r of the	

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

RE: "
GNATURE AND TYPED OF PRINTERS NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

x 4/11/05 x(561)776-904