

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088831

Entity Name: NASKAPI, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

4496 SOUTHSIDE BLVD
JACKSONVILLE, FL 32241

New Principal Place of Business:

Current Mailing Address:

PO BOX 23192
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number: 20-2001188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONE, JOHN R
4496 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEONE, JOHN R
Address: 4496 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: GREENE, MICHAEL F
Address: 4496 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: MAHFOUD, ANTONIO J
Address: 4496 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: SHAW, STEVEN L
Address: 4496 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: MCMILLAN, JOSEPH L
Address: 4496 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN R. LEONE

MGRM

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date