2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 23, 2005 8:00 am Secretary of State **DOCUMENT # L04000092063** 04-26-2005 90012 021 ****50.00 1. Entity Name NAPP, L.L.C. Principal Place of Business Mailing Address 333 DOUGLAS ROAD EAST 333 DOUGLAS ROAD EAST OLDSMAR, FL 34677 OLDSMAR, FL 34677 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172005 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For 4-192600 Not Applicable \$5.00 Additional Zip Country Ziρ Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GASSMAN, ALAN S 1245 COURT STREET, STE. 102 Street Address (P.O. Box Number is Not Acceptable) CLEARWATER, FL 33756 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 Signature, typed or printed name of negationed agent and talls if explications DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MILE Detect ITILE KELBY, Scott NAME NAME STREET ADDRESS 214 HIGHLAND WOODS DR. STREET ADDRESS CITY-ST-7P CITY-ST-ZIP SAPETY HUBBOR A 3 Y695 ☐ Delete mle Change · 🔀 Addition KELBY, KAUEBRA KAME NUME 214 HIGHLAND WOODS DE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAFETS HARBOR FL 34695 TITLE ☐ Delete TELLE ☐ Change Addition MARE NAME Kenney JEAN A STREET ADDRESS STREET ADDRESS 3022 ASHLAND CITY-ST-ZIP CLTY-ST-ZIP CLESSEWATER, FR TITLE Delete MLE Change ☐ Addition HALF NAME STREET ADDRES STREET ADERESS CITY-ST-ZP CITY-ST-ZIP TITLE □ Odete TED F Change ☐ Addition NAME NUME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C1TY - ST - 71P Delete IIILE ☐ Change Addition NUME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 by execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: Y

LEASURER

FILED