

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000092063

1. Entity Name
NAPP, L.L.C.



Principal Place of Business
333 DOUGLAS ROAD EAST
OLDSMAR, FL 34677

Mailing Address
P.O. BOX 1793
OLDSMAR, FL 34677



01142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1926000

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S
1245 COURT STREET, STE. 102
CLEARWATER, FL 33756

**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

000000904861
05/01/08-80030-001 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KELBY, SCOTT
214 HIGHLAND WOODS DR
SAFETY HARBOR, FL 34695

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KELBY, KALEBRA
214 HIGHLAND WOODS DR
SAFETY HARBOR, FL 34695

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KENDRA, JEAN
3020 ASHLAND
CLEARWATER, FL 33761

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

Date

Daytime Phone #

4-14-08

813-433-5011