

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/11/2006-90092-023-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 8:58

DOCUMENT # L05000007957 1. Entity Name N.A. MANAGEMENT, LLC																							
Principal Place of Business 451 SW 5TH AVE FORT LAUDERDALE, FL 33315		Mailing Address 451 SW 5TH AVE FORT LAUDERDALE, FL 33315																					
2. Principal Place of Business 1154 S. Powerline Road Suite, Apt. #, etc. # 1154 City & State Pompano Beach FL		3. Mailing Address Suite, Apt. #, etc. Same City & State Pompano Beach FL																					
Zip 33069 Country Bword		Zip 33069 Country US																					
4. Filing Number 33-1100593		Applied For ☒ Not Applicable																					
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent FELDMAN, MICHAEL 1111 KANE CONCOURSE SUITE 200 BAY HARBOR, FL 33154																					
7. Name and Address of New Registered Agent Name Nancy Ackerman Street Address (P.O. Box Number is Not Acceptable) 1154 S. Powerline Rd. City Pompano Beach FL Zip Code 33069		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 Nancy Ackerman (NOTE: Registered Agent signature required when resigning) DATE 8/24/06																					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State																					
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP President / MGRM Nancy Ackerman 1154 S. Powerline Rd. Pompano Beach, FL 33069 </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP President / MGRM Nancy Ackerman 1154 S. Powerline Rd. Pompano Beach, FL 33069	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM / PRES NANCY ACKERMAN 1154 S. Powerline Rd. Pompano Beach, FL 33069 </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM / PRES NANCY ACKERMAN 1154 S. Powerline Rd. Pompano Beach, FL 33069	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 606, Florida Statutes.																							
SIGNATURE: Nancy Ackerman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		9/1/06 954-792-3252 Date Daytime Phone																					