

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014193

FILED
Apr 15, 2007
Secretary of State

Entity Name: NAGOL PROPERTIES LLC

Current Principal Place of Business:

17939 TIMBER VIEW ST
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

PO BOX 48732
TAMPA, FL 33647

New Mailing Address:

FEI Number: 20-2318072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUNNINGHAM, JOHN L
628 PENN NATIONAL RD
SEFFNER, FL 33584 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: GOFF, KERIN
Address: 17939 TIMBER VIEW ST
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: GOFF, JASON
Address: 17939 TIMBER VIEW ST
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: DULL, DENNIS
Address: 17939 TIMBER VIEW ST
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: DULL, KEVIN
Address: 17939 TIMBER VIEW ST
City-St-Zip: TAMPA, FL 33647

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: KERIN L GOFF

MGRM

04/15/2007

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