

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000031115

1. Entity Name

NAS DEVELOPMENT II, LLC



FILED
Apr 30, 2007 08:00 AM
Secretary of State

Principal Place of Business

712 U.S. HIGHWAY ONE, SUITE 300
NORTH PALM BEACH FL 33408

Mailing Address

712 U.S. HIGHWAY ONE, SUITE 300
NORTH PALM BEACH FL 33408



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/06)

4. FEI Number

65-0665435

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORTON, BILL
712 US HIGHWAY ONE
STE 3600
NORTH PALM BEACH FL 33408

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
MORTON-ALEXANDER, INC.
712 U.S. HIGHWAY ONE, SUITE 300
NORTH PALM BEACH FL 33408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
U000000744319
05/15/07-80145-003 50.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
STENDER, JERALD M
7173 DAVIT CIRCLE
LAKE WORTH FL 33467 ☐ Delete

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Bill B. Norton *Bill B. Norton MGRM.* 4/24/07 501-848-0520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #