

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

01-27-2006 90073 013 \*\*\*\*\*50.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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02/28/06

<b>DOCUMENT # L05000034339</b> 1. Entity Name <b>N.A. PROPERTIES, LLC</b>					
Principal Place of Business <b>23427 WESTCHESTER BLVD. PORT CHARLOTTE, FL 33980</b>			Mailing Address <b>C/O DAROL H. M. CARR, ESQ. 99 NESBIT STREET PUNTA GORDA, FL 33951-1447</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CARR, DAROL H.M. ESQ FARR, FARR, EMERICH, HACKETT AND CARR, PA 99 NESBIT STREET PUNTA GORDA, FL 33950-3636</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <b>MANA</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>Neil B. Zusman, Managing Member 23427 Westchester Boulevard Port Charlotte, FL 33980</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>Amy J. Zusman, Member 23427 Westchester Boulevard Port Charlotte, FL 33980</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Neil Zusman</i> <b>NEIL ZUSMAN</b>			Date <b>1/19/06</b> Daytime Phone # _____		