2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000034339 06 FEB 28 AM 10: 17 1. Entity Name N.A. PROPERTIES, LLC SECATHARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O DAROL H. M. CARR, ESQ. 23427 WESTCHESTER BLVD. PORT CHARLOTTE, FL 33980 99 NESBIT STREET PUNTA GORDA, FL 33951-1447 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01172006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number 203353120 Applied For Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARR, DAROL H.M. ESQ FARR, FARR, EMERICH, HACKETT AND CARR, PA Street Address (P.O. Box Number is Not Acceptable) 99 NESBIT STREET PUNTA GORDA, FL 33950-3636 City Zip Code FL. 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 11 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2008 Make check payable to Florida Department of State ā. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MARA ☐ Delete TILE ☐ Change ☐ Addition NUME Neil B. Zusman, Managing Member HAME STREET ADDRESS 23427 Westchester Boulevard STREET ADDRESS CITY-ST-ZP CITY-ST-7P Port Charlotte, FL 33980 TITLE ☐ Delete IIILE ☐ Chance ☐ Addition NAME Amy J. Zusman, Member WAME STREET ADDRESS STREET ADDRESS 23427 Westchester Boulevard CITY-ST-ZIP CITY-ST- AP Port Charlotte, FL 33980 TITLE ☐ Delete Addition MILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TRUE Change ☐ Addition NAME NALES STREET ADDRESS STREET ADORESS CITY-SI-ZIP CITY-S1-7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP IIILE Dalete TITL F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP 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 exprowered to execute this report as required by Chapter 608, Florida Statutes. NOIL ZUSMON lyman SIGNATURE: MATURE AND TYPED OR PRINTED HAME OF BIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytene Phone #

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