

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034339

Entity Name: N.A. PROPERTIES, LLC

FILED  
Feb 03, 2009  
Secretary of State

## Current Principal Place of Business:

23427 WESTCHESTER BLVD.  
PORT CHARLOTTE, FL 33980

## New Principal Place of Business:

3430 TAMiami TRAIL  
SUITE A  
PORT CHARLOTTE, FL 33952

## Current Mailing Address:

C/O DAVID A. HOLMES  
99 NESBIT STREET  
PUNTA GORDA, FL 339511447

## New Mailing Address:

PO BOX 495658  
PORT CHARLOTTE, FL 33949

FEI Number: 20-3353120

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLMES, DAVID A  
FARR, FARR, EMERICH, HACKETT AND CARR, PA  
99 NESBIT STREET  
PUNTA GORDA, FL 339503636 US

## Name and Address of New Registered Agent:

ZUSMAN, NEIL B  
3430 TAMiami TRAIL  
SUITE A  
PORT CHARLOTTE, FL 33952 US

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: NEIL B. ZUSMAN

02/03/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ZUSMAN, NEIL B  
Address: 23427 WESTCHESTER BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33980

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ZUSMAN, NEIL B  
Address: 3430 TAMiami TRAIL, SUITE A  
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify 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: NEIL B. ZUSMAN

MGRM

02/03/2009

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