

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087867

Entity Name: NP INVESTMENTS, LLC

FILED  
Apr 20, 2007  
Secretary of State

**Current Principal Place of Business:**

8160 VIA ROSA  
ORLANDO, FL 32836

**New Principal Place of Business:**

8367 VIA ROSA  
ORLANDO, FL 32836

**Current Mailing Address:**

8160 VIA ROSA  
ORLANDO, FL 32836

**New Mailing Address:**

8367 VIA ROSA  
ORLANDO, FL 32836

FEI Number: 20-3449742

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PICHARDO, PATRICA D  
8160 VIA ROSA  
ORLANDO, FL 32836 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: PICHARDO, NELSON M  
Address: 8160 VIA ROSA  
City-St-Zip: ORLANDO, FL 32836 US

Title: MGRM ( ) Delete  
Name: PICHARDO, PATRICIA D  
Address: 8160 VIA ROSA  
City-St-Zip: ORLANDO, FL 32836 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PICHARDO, NELSON M  
Address: 8367 VIA ROSA  
City-St-Zip: ORLANDO, FL 32836 US

Title: MGRM (X) Change ( ) Addition  
Name: PICHARDO, PATRICIA D  
Address: 8367 VIA ROSA  
City-St-Zip: ORLANDO, FL 32836 US

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: PATRICIA PICHARDO

MGRM

04/20/2007

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