

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118586

Entity Name: N.P. RUYS HOLDINGS, LLC

FILED
Apr 04, 2006
Secretary of State

Current Principal Place of Business:

204 BARTOW MUNICIPAL AIRPORT
BARTOW, FL 33830

New Principal Place of Business:

204 BARTOW MUNICIPAL AIRPORT
BARTOW, FL 33830 US

Current Mailing Address:

PO BOX 1355
HIGHLAND CITY, FL 33846

New Mailing Address:

FEI Number: 20-3963960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUYS, NICHOLAS
204 BARTOW MUNICIPAL AIRPORT
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

RUYS, NICHOLAS G
204 BARTOW MUNICIPAL AIRPORT
BARTOW, FL 33830 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: NICHOLAS G RUYS

04/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUYS, NICHOLAS
Address: 204 BARTOW MUNICIPAL AIRPORT
City-St-Zip: BARTOW, FL 33830

Title: MGRM () Delete
Name: RUYS, JOAN
Address: 204 BARTOW MUNICIPAL AIRPORT
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RUYS, NICHOLAS G
Address: 204 BARTOW MUNICIPAL AIRPORT
City-St-Zip: BARTOW, FL 33830

Title: MGRM (X) Change () Addition
Name: RUYS, JOAN P
Address: 204 BARTOW MUNICIPAL AIRPORT
City-St-Zip: BARTOW, FL 33830

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: NICHOLAS G RUYS

MGRM

04/04/2006

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