

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**DOCUMENT # L06000050547**

1. Entity Name  
**NPSV, LLC**



**ENTERED**  
5-10-07

**FILED**

07 JUL -9 PM 2:57

**RECEIVED**  
MAR 05 2007

Principal Place of Business

Mailing Address

475 CENTRAL AVENUE  
SUITE 405  
ST. PETERSBURG FL 33701  
US

475 CENTRAL AVENUE  
SUITE 405  
ST. PETERSBURG FL 33701  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1950 Lake Ave, S.E.

1950 Lake Ave, S.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#B

#B

1st MOORE CR2E083 (10/06)

City & State

City & State

Largo, FL

Largo, FL

4. FEI Number

Applied For

20-4880008

Not Applicable

Zip

Country

Zip

Country

33771 Pinellas

Pinellas

33771 Pinellas

Pinellas

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUN VISTA DEVELOPMENT GROUP, LLC  
475 CENTRAL AVENUE  
SUITE 405  
ST. PETERSBURG FL 33701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR  
NAME: LODER, JOHN  Delete  
STREET ADDRESS: 475 CENTRAL AVENUE, SUITE 405  
CITY-ST-ZIP: ST. PETERSBURG FL 33701

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS: 1950 Lake Ave, SE #B  
CITY-ST-ZIP: Largo, FL 33771

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
*7/9/9*

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
70010588611?  
07/10/07--01039--002 \*\*500.00

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
*7/9/9*

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
*7/9/9*

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
*7/9/9*

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
*7/9/9*

TITLE:  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
 Change  Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *April Charles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-1-07  
Date

(727) 581-7200  
Daytime Phone #