

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083471

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: COMEAU NCP LLC

## Current Principal Place of Business:

360 N. MICHIGAN AVE.  
SUITE 1400  
CHICAGO, IL 60601

## New Principal Place of Business:

319 CLEMATIS STREET  
WEST PALM BEACH, FL 33401

## Current Mailing Address:

360 N. MICHIGAN AVE.,  
SUITE 1400  
CHICAGO, IL 60601

## New Mailing Address:

833 W LINCOLN HIGHWAY  
SUITE 100W  
SCHERERVILLE, IN 46375

FEI Number: 20-5428341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

LES H STEVENS, ESQ  
5301 N FEDERAL HWY  
BOCA RATON, FL 33487 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: LES H STEVENS, ESQ

04/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: NCP FLORIDA LLC  
Address: 360 N. MICHIGAN AVE., SUITE 1400  
City-St-Zip: CHICAGO, FL 60601

Title: PD ( ) Delete  
Name: QUINN, JOHN F  
Address: 360 N MICHIGAN AVE., SUITE 1400  
City-St-Zip: CHICAGO, IL 60601

Title: VP ( ) Delete  
Name: ROSSI, WILLIAM  
Address: 360 N MICHIGAN AVE., SUITE 1400  
City-St-Zip: CHICAGO, IL 60601

Title: ST (X) Delete  
Name: FRANCO, VERONICA  
Address: 360 N MICHIGAN AVE., SUITE 1400  
City-St-Zip: CHICAGO, IL 60601

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: NCP FLORIDA LLC  
Address: 833 W LINCOLN HIGHWAY SUITE 100W  
City-St-Zip: SCHERERVILLE, IN 46375

Title: PD (X) Change ( ) Addition  
Name: QUINN, JOHN F  
Address: 833 W LINCOLN HIGHWAY SUITE 100W  
City-St-Zip: SCHERERVILLE, IN 46375

Title: MGR (X) Change ( ) Addition  
Name: FRANCO, VERONICA  
Address: 833 W LINCOLN HIGHWAY SUITE 100W  
City-St-Zip: SCHERERVILLE, IN 46375

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: VERONICA FRANCO

MGR

04/30/2009

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