2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L06000092660 -

1. Entity Name

NFF WEST, LLC

Principal Place of Business Mailing Address

6704-A PLANTATION ROAD PENSACOLA, FL 32504 6704-A PLANTATION ROAD PENSACOLA, FL 32504 FILED Jan 30, 2008 08:00 AM Secretary of State



01142008 No Chg-LLC

CR2E083 (12/07)

| i | 4. FEI Number | | Applied For |
|---|----------------------------------|--------|----------------|
| : | 20-5689433 | | Not Applicable |
| | 5. Certificate of Status Desired | \$5.00 | Additional |

6. Name and Address of Current Registered Agent

MCCOOL, RICHARD C 6704-A PLANTATION ROAD PENSACOLA, FL 32504

SIGNATURE: **(2)**

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Dale

Daytime Phone #

| SIGNATURE. | Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinstating) | DATE | | |
|---|--|--|----------------------------|--|--|
| FILE After May | NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 | | U00000805085 | | |
| 9. | MANAGING MEMBERS/MANAGERS | Santa Paga Paga Paga Paga Pa |)E/(05/08-80093-022-143:75 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MCCOOL, RICHARD C 6704-A PLANTATION ROAD PENSACOLA, FL 32504 | | | | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 egal 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. | | | | | |

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 Fiorida. I am familiar with, and accept