2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# L06000092671

Entity Name: NASKALE PROPERTIES, LLC

Current Principal Place of Business:

18380 PAULSON DRIVE
BUILDING D
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

Current Mailing Address:

18380 PAULSON DRIVE
BUILDING D
PORT CHARLOTTE, FL 33954

New Mailing Address:

FEI Number: 20-5631409 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, MICHAEL M
17801 MURDOCK CIRCLE, SUITE A
PORT CHARLOTTE, FL 33948 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: NASKALE, CHRISTOPHER G
Address: 4192 S. SAN MATEO DRIVE
City-St-Zip: NORTH PORT, FL 34288

Title: MGRM ( ) Delete
Name: PEREIRA-NASKLE, ANGELA B
Address: 4192 S. SAN MATEO DRIVE
City-St-Zip: NORTH PORT, FL 34288

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NASKALE, CHRISTOPHER G
Address: 18380 PAULSON DRIVE, BLDG D
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: MGRM (X) Change ( ) Addition
Name: PEREIRA-NASKLE, ANGELA B
Address: 18380 PAULSON DRIVE, BLDG D
City-St-Zip: PORT CHARLOTTE, FL 33954

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: ANGELA B PEREIRA-NASKALE MGRM 01/07/2009

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