


FILED
Apr 23, 2007 8:00 am
Secretary of State

37.

03-22-2007 90175 015 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000116559			
1. Entity Name N&S INVESTMENT PROPERTIES, LLC			
Principal Place of Business 365 3RD STREET BOCA GRANDE, FL 33921		Mailing Address 365 3RD STREET BOCA GRANDE, FL 33921	
2. Principal Place of Business - No P.O. Box # 25 Washington Park		3. Mailing Address 25 Washington Park	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State Nashville, TN		City & State Nashville, TN	
4. FEI Number 20-3990801		Applied For Not Applicable	
Zip 37205		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
9. 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 Margaret Norvell		DATE 3/15/07	
Filing Fee is \$66.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR M Norvell, Margaret 25 Washington Park Nashville, TN 37205	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 606, Florida Statutes.			
SIGNATURE: Margaret Norvell		DATE: 3/15/07	
SIGNATURE AND TYPED OR PRINTED NAME OF HOING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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