

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000003438 1. Entity Name NFC PROPERTIES, LLC	
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Principal Place of Business 524 STOCKTON STREET JACKSONVILLE, FL 32204	Mailing Address 524 STOCKTON STREET JACKSONVILLE, FL 32204
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01132006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number 59-3551491	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ROXBOROUGH KIERON COLD, KATHLEEN H ONE INDEPENDENT DRIVE, SUITE 2301 JACKSONVILLE, FL 32202

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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 <u>Kurt H Wood</u> Signature, typed or printed name of registered agent and file if applicable.	DATE <u>2/16/06</u> (NOTE: Registered Agent signature required when registering)

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAINTER, ROGER W 526 STOCKTON STREET JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITEMEN, MICHAEL G 524 STOCKTON ST. JACKSONVILLE, FL 32204
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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 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: <u>Roger W Painter</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	DATE <u>1-30-06</u> Daytime Phone #