FILED
Jun 15, 2004 8:00 am
Secretary of State
04-20-2004 90187 004 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000000656

1. Entity Name
NNP-SOUTHBEND, LLC

34008653

Principal Place of Business
9404 GENESEE AVENUE, SUITE 230
LA JOLLA, CA 92037

Mailing Address
9404 GENESEE AVENUE, SUITE 230
LA JOLLA, CA 92037

01082004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ~~APPLIED FOR~~ 06-1682052 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NEWLAND NATIONAL PARTNERS, L.P. 9404 GENESEE AVENUE, SUITE 230 LA JOLLA, CA 92037	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: See Attached Signature Page
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment,
340086 53
M03000000656

SIGNATURE PAGE

NNP- SOUTHBEND, LLC - STATEMENT OF INFORMATION

NNP- SOUTHBEND, LLC
a Delaware limited liability company

By: Martha K. Guy
Martha K. Guy, Vice President & Secretary

By: Dolores A Valle
Dolores A. Valle, Assistant Secretary

DATE: April 15, 2004