

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # M03000000931

1. Entity Name
NAPCO DRIVE, LLC



Principal Place of Business
4102 SMOKEY PINES COURT
FORT PIERCE, FL 34951

Mailing Address
4102 SMOKEY PINES COURT
FORT PIERCE, FL 34951



03102008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1614593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DROUIN, TERRANCE
4102 SMOKEY PINES COURT
FORT PIERCE, FL 34951

**DO NOT WRITE
IN THIS SPACE**

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)

UN00000874735
04/11/08 08:00 AM 014 138.75
DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DROUIN, TERRANCE K 4102 SMOKEY PINES COURT FORT PIERCE, FL 34951
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DROUIN, AVIS T 4102 SMOKEY PINES COURT FORT PIERCE, FL 34951
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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.

MEMBER

SIGNATURE: AVIS T. DROUIN - Avis T. Drouin, Member 3-25-08

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

Date

Daytime Phone #