


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000002411</b> 1. Entity Name NCAP, LLC	
---	---

Principal Place of Business 801 WEST STREET, 2ND FLOOR WILMINGTON, DE 19801-1545	Mailing Address 801 WEST STREET, 2ND FLOOR WILMINGTON, DE 19801-1545
--	--

**DO NOT WRITE IN THIS SPACE**



02212006 No Chg-LLC

CR2ED83 (11/05)

4. FEI Number  
08-1725773

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BLONDE, SCOTT  
2207 SOUTHEAST 20TH PLACE  
CAPE CORAL, FL 33990

**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)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE ROBERT M. NUTTING FAMILY TRUST 1500 MAIN STREET WHEELING, WV 26003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE WILLIAM O. NUTTING FAMILY TRUST 1500 MAIN STREET WHEELING, WV 26003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000447528  
03/08/06-80061-005 50.00

**DO NOT WRITE  
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.

SIGNATURE: \_\_\_\_\_

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

Date

Daytime Phone #

*Assistant Manager*

*2-22-2006*  
**KENNETH J. KUBACKI** (302) 472-0351