

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000002411

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



01152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
06-1725773

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

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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, 2007**

U000000593386
01/22/07-80029-013 50.00

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

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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.

SIGNATURE: _____

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

Date

Daytime Phone #

Assistant Manager

KENNETH J. KUBACKI

1-15-2007 (302) 472-0351