


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # M04000002411 1. Entity Name NCAP, LLC	
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Principal Place of Business 801 WEST STREET, 2ND FLOOR WILMINGTON, DE 19801-1545	Mailing Address 801 WEST STREET, 2ND FLOOR WILMINGTON, DE 19801-1545
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DO NOT WRITE IN THIS SPACE



01282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 06-1725773	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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

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 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
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02/19/08-80028-018 138.75

**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.