


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90043 032 \*\*\*\*50.00

**20065265**



<b>DOCUMENT # M04000004696</b>		
1. Entity Name NMP, LLC		

Principal Place of Business 71 EASTERN POINT BLVD. GLOUCESTER, MA 01930	Mailing Address 71 EASTERN POINT BLVD. GLOUCESTER, MA 01930
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2. Principal Place of Business <i>401 EDGEWATER PLACE</i> Suite, Apt. #, etc. <i>Suite 640</i> City & State <i>WAKEFIELD MA</i> Zip <i>01880</i>	3. Mailing Address <i>401 EDGEWATER PLACE</i> Suite, Apt. #, etc. <i>Suite 640</i> City & State <i>WAKEFIELD MA</i> Zip <i>01880</i>
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07052005 Chg-LLC CR2E083 (10/03)

4. FEI Number <i>20-1400824</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAMMOLA, DOMENIC 71 EASTERN POINT BLVD. GLOUCESTER, MA 01930 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MAMMOLA, DOMENIC</i> <i>401 EDGEWATER PLACE Suite 640</i> <i>WAKEFIELD, MA 01880</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADY, PATRICK 71 EASTERN POINT BLVD. GLOUCESTER, MA 01930 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>401 EDGEWATER PLACE Suite 640</i> <i>WAKEFIELD, MA 01880</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

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

Date

Daytime Phone #

*Domenic Mammola* 7/11/05 (781) 835-2000