

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000000663**

1. Entity Name  
**NORTH ATLANTIC AVENUE PROPERTIES, LLC**



Principal Place of Business  
**6419 N ATLANTIC AVENUE  
CAPE CANAVERAL, FL 32920**

Mailing Address  
**6419 N ATLANTIC AVENUE  
CAPE CANAVERAL, FL 32920**



04262008 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0443233**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

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

**WARD, HELEN M  
200 INTERNATIONAL DRIVE, #206  
CAPE CANAVERAL, FL 32920**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**8. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
PORTER, STEPHEN J  
51 STEPHANY ROAD  
FAIRVIEW, PA 16502**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
PORTER, JEAN JONES  
6419 N ATLANTIC AVENUE  
CAPE CANAVERAL, FL 32920**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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CITY - ST - ZIP

000000548626  
05/12/06-80072-005 55.00

**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:** *Stephen J. Porter* **STEPHEN J. PORTER**

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

Date

Daytime Phone #

*4/27/06*

*321-784-2794*