


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 Mailing Address

6419 N ATLANTIC AVENUE **6419 N ATLANTIC AVENUE**
CAPE CANAVERAL, FL 32920 **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 _____ (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	
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 05/12/06-80072-005 55.00

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** *4/27/06* **321-784-2794**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #