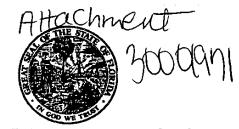
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 08, 2006 8:00 am Secretary of State DCCUMENT # M05000001121 02-17-2006 90021 015 ****50.00 1. Entity Name NATIONAL RESALE COMPANY L.L.C. Principal Place of Business Mailing Address 101 NORTH QUEEN STREET 101 NORTH QUEEN STREET LANCASTER PA 17602 30001971 3409 N. Folkenburg Road Tampa, Fl. 33619 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number 379 City & State City & State Applied For Not Applicable Country Country \$5.00 Additional Fee Required 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **CORPORATION SERVICE COMPANY** Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 INCUTE: Hecusteract Asimal constitues engaged when name talings FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES TITLE Delete TITLE ☐ Change Addition NAME KALAF DOMOISEAN, ROBERT STREET ADDRESS 2409 N. FALKENBURG ROAD STREET ADDRESS Street CITY-ST-ZIP TAMPA FL 33619 · C1TY-51-71P ☐ Delete TITLE ☐ Change ■ Addstion NAME NAME STREET ADDRESS STREET ADDRESS C:TY-ST-ZIP CITY-S1-ZIP TITLE ☐ Defale TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-28P THE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-75P TITLE ☐ Delete TITLE Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 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.



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2006

NATIONAL RESALE COMPANY L.L.C. 101 NORTH QUEEN STREET LANCASTER, PA 17602

Subject: NATIONAL RESALE COMPANY L.L.C.

M0500000112

Reference Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm ANNUAL REPORTS SECTION