

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000004454

1. Entity Name
NAP SEMINOLE MARKETPLACE LLC



Principal Place of Business

**212 EAST THIRD STREET STE 300
CINCINNATI, OH 45202**

Mailing Address

**212 EAST THIRD STREET STE 300
CINCINNATI, OH 45202**

DO NOT WRITE IN THIS SPACE



04212007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
75-3147879

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**R&A AGENTS, INC.
850 PARK SHORE DRIVE, TRIANON CENTRE 3RD FL
NAPLES, FL 34103**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NAP INVESTMENTS MANAGEMENT COMPANY, INC.
212 EAST THIRD STREET STE 300
CINCINNATI, OH 45202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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U000000751125
05/18/07-80092-002 50.00

**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: _____

TREASURER

4/24/07

(513) 721-2744

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

Date

Daytime Phone #