2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000001373

1. Entity Name
NAP INVESTORS II LLC

Principal Place of Business	Mailing Address
212 EAST THIRD STREET, SUITE 300 CINCINNATI, OH 45202	212 EAST THIRD STREET, SUITE 300 CINCINNATI, OH 45202

DO NOT WRITE IN THIS SPACE

04212007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-2768654	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

R&A AGENTS, INC.
TRIANON CENTRE
850 PARK SHORE DRIVE, 3RD FLOOR
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	MGR	
NAME	NAP II INVESTMENTS MANAGEMENT CO., INC.	
STREET ADDRESS	212 EAST THIRD STREET, SUITE 300	
CITY-ST-ZIP	CINCINNATI, OH 45202	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000763273
05/30/07-80001-004 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 #