2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000003534

NWP PROPERTIES ORLANDO, L.L.C.

Principal Place of Business

6310 MABLETON PARKWAY S.E.

SUITE 1000 MABLETON, GA 30126 Mailing Address

6310 MABLETON PARKWAY S.E. **SUITE 1000**

MABLETON, GA 30126

FILED Jan 28, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3855494

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAHAFFEY, JAMES P III 6310 MABLETON PARKWAY S.E., SUITE 1000 MABLETON, GA 30126		
NAME STREET ADDRESS CITY-ST-ZIP	MGR MAHAFFEY, WILLIAM W 6310 MABLETON PARKWAY S.E., SUITE 1000 MABLETON, GA 30126		U00000803019 02/05/08-80009-009 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			eng.
TITLE NAME	· · ·		The A. Y.

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 exclude the report as required by Chapter 608, Florida Statutes. 1-23.08

SIGNATURE:

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

CITY-ST-ZIP

Daytime Phone #