

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000004905

1. Entity Name
NCP FLORIDA LLC



Principal Place of Business
360 NORTH MICHIGAN AVE.
SUITE 1400
CHICAGO, IL 60601

Mailing Address
360 NORTH MICHIGAN AVE.
SUITE 1400
CHICAGO, IL 60601



02142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5505247

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

U000000929364
05/21/08-80065-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
NCP INVESTMENTS, LLC
360 NORTH MICHIGAN AVE., SUITE 1400
CHICAGO, IL 60601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
QUINN, JOHN F
360 N MICHIGAN AVE., SUITE 1400
CHICAGO, IL 60601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ROSSI, WILLIAM
360 N MICHIGAN AVE., SUITE 1400
CHICAGO, IL 60601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
FRANCO, VERONICA
360 N MICHIGAN AVE., SUITE 1400
CHICAGO, IL 60601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

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

Date

Daytime Phone #

4-2-08

312-572-8100