

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031391

FILED
Feb 04, 2004
Secretary of State

Entity Name: NFLD I, LLC

Current Principal Place of Business:

312 S.E. 17TH ST., 2ND FLOOR
FT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

312 S.E. 17TH ST., 2ND FLOOR
FT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 82-0577260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAAVEDRA, DAMASO W ESQ
312 S.E. 17TH ST., 2ND FLOOR
FT LAUDERDALE, FL 33316

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SAAVEDRA, DAMASO W ESQ
Address: 312 S.E. 17TH ST., 2ND FLOOR
City-St-Zip: FT LAUDERDALE, FL 33316

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: O'LEARY, MICEAL J
Address: 2129 NE 61 COUT
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: MGR () Change (X) Addition
Name: PATEL, PRAKASH
Address: 701 NW 19 STREET #100
City-St-Zip: FT. LAUDERDALE, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PRAKASH PATEL

MGR

02/04/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date