


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000028677
 1. Entity Name
 NYMI ENTERPRISES, L.L.C.



Principal Place of Business
 7700 BISCAYNE BLVD
 MIAMI, FL 33138

Mailing Address
 7700 BISCAYNE BLVD
 MIAMI, FL 33138

DO NOT WRITE IN THIS SPACE



08212007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 74-3104652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OFIR, JACOB
 2231 NE 201 ST
 MIAMI, FL 33180

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 14, 2007

000000772836
 08/28/07-80005-022 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M NEMZER, JERRY 19801 NE 23 AVE MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M OFIR, JACOB 2231 NE 201 ST MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBOCHER, SHEMTOV 715 PARK AVENUE MIAMI, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Jacob Ofir Date: 8/28/07 Daytime Phone #: 305-757-8451

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