


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90025 045 ****50.00

DOCUMENT # L05000014936
 1. Entity Name
 NHMCC HOLDINGS, LLC



Principal Place of Business
 11000 N.W. 92 TERRACE
 MIAMI, FL 33178

Mailing Address
 11000 N.W. 92 TERRACE
 MIAMI, FL 33178

2. Principal Place of Business
 6340 SUNSET DR.

3. Mailing Address
 6340 SUNSET DR


Suite, Apt. #, etc.

City & State
 MIAMI FL

City & State
 MIAMI FL

Zip
 33143

Country
 USA



04052006 Chg-LLC CR2E083 (11/05)

4. FEI Number
 20-4684502

5. Certificate of Status Desired Additional Fee Required \$5.00

6. Name and Address of Current Registered Agent
 LESTER, PAUL A
 201 ALHAMBRA CIRCLE, SUITE 601
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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MANAGER RONALD R. FIELDSTONE #601 201 ALHAMBRA CIR CORAL GABLES FL 33134

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:  RONALD R. FIELDSTONE MAN 4/5/06 305-357-1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #