


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000045108 1. Entity Name NORTEK MANAGEMENT LLC	
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Principal Place of Business 2875 N.E. 191 STREET, PH-1 AVENTURA, FL 33180	Mailing Address P.O. BOX 630817 MIAMI, FL 33163
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**DO NOT WRITE IN THIS SPACE**



01222008No Chg-LLC CR2E083 (12/07)

4. FEI Number 03-0561945	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, TED  
 8030 PETERS ROAD, SUITE D-104  
 PLANTATION, FL 33324

**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 \_\_\_\_\_ (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 AZOUT, JACK 2875 N.E. 191 STREET, PH-1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SREDNI, ERWIN 2875 N.E. 191 STREET, PH-1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL, EDWARD P 2875 N.E. 191 STREET, PH-1 AVENTURA, FL 33180
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 02/20/08-80093-007 143.75

**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: JACK AZOUT Date: 2/6/08 Daytime Phone #: (305)935-5175