

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
May 02, 2006  
Secretary of State**

DOCUMENT# L05000064640

Entity Name: NSYC TER 304-E LLC

**Current Principal Place of Business:**

5700 NW 61 PLACE  
PARKLAND, FL 33067 US

**New Principal Place of Business:**

**Current Mailing Address:**

5700 NW 61 PLACE  
PARKLAND, FL 33067 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DERESPINO, JAMES P  
5700 NW 61 PLACE  
PARKLAND, FL 33067 US

**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/MANAGERS:**

Title: MGR ( ) Delete  
Name: DERESPINO, JAMES P  
Address: 5700 NW 61 PLACE  
City-St-Zip: PARKLAND, FL 33067 US

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: BRODER, MARC S  
Address: 5103 NW 125 AVE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGR ( ) Change (X) Addition  
Name: AFFATATI, MARLO A  
Address: 12346 NW 52 COURT  
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JAMES DERESPINO MGR 05/02/2006

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