2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000100051 05-17-2007 90348 001 ****50.00 05-17-2007 90348 002 ****50.00 1. Entity Name NNAHOJ LLC 20008188 Principal Place of Business Mailing Address 11103 NW 71 TERRACE 11103 NW 71 TERRACE DORAL, FL 33178 DORAL, FL 33178 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112007 CR2E083 (12/06) Applied For City & State City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FEINSTEIN, BRETT Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN ROAD SUITE 2A MIAMI BEACH, FL 33139 Zip Code FL pose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits statement for th the obligations of register SIGNATURE DATE title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR Change ☐ Addition Delete TITLE TITLE DAZA, ANGIE NAME NAME STREET ADDRESS 11103 NW 71 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DORAL, FL 33178 ☐ Delete TITLE □ Change ☐ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ncilibbA | ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ■ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP he exemptions contained in Chapter 119, Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am a managing member or manager of the report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with this filling does not qualify for gnature shall have indicated on this report is true and accurate and that my limited liability company or the receiver or trustee employe ered to execute this SIGNATURE: MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

May 17, 2007 8:00 am Secretary of State 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

11103 NW 71 TERRACE	<u> </u>	PORT	ATTACHMENT		
Principal Place of Business 11103 NW 71 TERRACE				ALIACINALINI	
DORAL, FL 33178	1110	g Address D3 NW 71 TERRACE AL, FL 33178	1	30008188	
2. Principal Place of Business - N	lo P.O. Box # 3. Mail	ling Address		the content of the co	
Suite, Apt. #, etc.	Suite	e, Apt. #, etc.		04112007 Chg-LLC CR2E083 (12/06)	
City & State	City	& State		a GINumber 0577 Applied Not Ap	
Zip Cou	ntry Zip		Country	S. Certificate of Status Desired	ai
6. Name and A	ddress of Current Registere	id Agent	Name	7. Name and Address of New Registered Agent	
FEINSTEIN, BRETT 407 LINCOLN ROAD SUI MIAMI BEACH, FL 33139			Street Address	is (P.O. Box Number is Not Acceptable)	
•			City	FL Zip Code	
Signature, typed or priviled Filling Fee is \$50 Due by May 1, 2	I name of registered agent and little if app	Acable. (NOTE:	Registered Agent signature requi	Make check payable to Florida Department of State	
9. N		AGERS	10.	ADDITIONS/CHANGES	
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