2006

ANNUAL REPORT (AR)

DOCUMENT # F0700001111  1. Entity Name NIMHAM REALTY CORP.					Mar 30, 2006 08:00 AM Secretary of State		
Principal Plac	ee of Business	Mailing Address			1		
356 NIMHAM ROAD CARMEL NY 10512		356 NIMHAM ROAD CARMEL NY 10512					
2. Principal Place of Business 2		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		tst MOORE	CR2E083 (10/Q5)		
City & State		City & State		4. FEI Number 06-158779	Applied Fo		
Zıp	Country	Zip	Country		5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Currer	t Registered Agent			7. Name and Address of New		
				Name	٥.,	-	
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. 4435 OLD WINTER GARDEN ROAD ORLANDO FL 32811			1C.	Street Address (	P.O. Box Number is Not Acceptate	ne)	
• • • • • • • • • • • • • • • • • • • •							
			}	City		FL Zip Code	
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing it	s registere	ed affice or register	red agent, or both, in the State of F	lorida. ) am familiar with, and acco	
SIGNATURE	Signasura, typed or printed name of registered age	ONI untitabilities to eith brea to	TE Registered	Agent signature required	when reinstating)	CATE	
		Make Check Payal	ble to Flo	EE IS \$50.00 orida Departme by 1, 2006	nt of State		
9.	MANAGING MEME		1 1Q.		ADDITIONS	CHANGES	
TITLE	PVC	☐ Delele	TITLE			☐ Change ☐ Add	
NAME	ROBILOTTA, MICHAEL		NAME	1	υουυύ	MOCC FO	
STREET ADDRESS CITY-ST-ZIP	356 NIMHAM ROAD CARMEL NY 10512		4	ET ADDRESS -ST-ZIP	84/12/06-	80086-016 50.00	
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NAME	NEWMAN, TODD		NAME	L L			
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CITY-ST-ZIP			City-	·\$1-ZIP			
11. I hereby	certily that the information supplied w	uth this filing does not qualify	for the ex-	emotions containe	d in Section 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

GNATURE:

SIGNATURE: