## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 04, 2005 08:00 AM Secretary of State **DOCUMENT # L00000015289** 1. Entity Name NRL, LLC Principal Place of Business Mailing Address 215 5TH STREET, SUITE 200 215 5TH STREET, SUITE 200 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 04282005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1058096 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ELHILOW, MARK B CPA DO NOT WRITE 215 5TH STREET, SUITE 200 WEST PALM BEACH, FL 33401 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 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, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE BEATY, LINDA L NAME STREET ADDRESS 16 W RIVERSIDE DR JUPITER, FL 33469 CITY-ST-ZIP S TITLE U00000361006 NAME BEATY, KEITH D 05/05/05-80056-022 50.00 STREET ADDRESS 16 W RIVERSIDE DR CITY-ST-ZIP JUPITER, FL 33469 TILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

NAME STREET ADDRESS

659-3060