2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 23, 2006 08:00 AM Secretary of State DOCUMENT # L01000004078 1. Entity Name NILY, LLC Principal Place of Business Mailing Address 3711 S.W. 27TH STREET 3711 S.W. 27TH STREET MIAMI, FL 33134 MIAMI, FL 33134 01172006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1089676 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEISSLER, ROBERT I DO NOT WRITE 2200 MUSEUM TOWER 150 WEST FLAGLER STREET IN THIS SPACE MIAMI, FL 33130 3. 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. (am familiar with, and accept 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, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE NAME LAZARO, LMILTON 000000339642 02/81/06-80020-013 50.00 STREET ADDRESS 3711 SW 27 STREET MIAMI, FL 33134 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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.

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: ____

NAME STREET ADDRESS CITY-ST-ZIP

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1-17-06

205-441-8226

FILED

Daytime Phone #