

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 25, 2009  
Secretary of State**

DOCUMENT# L01000013421

Entity Name: NMB PLAZA, L.L.C.

**Current Principal Place of Business:**

2221 NE 164TH STREET  
266  
NORTH MIAMI BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

2221 NE 164TH STREET  
266  
NORTH MIAMI BEACH, FL 33160

**New Mailing Address:**

FEI Number: 65-1129356      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FELDMAN, BENNETT G  
2655 LEJEUNE ROAD SUITE 508  
CORAL GABLES, FL 33134 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: MGRM ( ) Delete  
Name: ROSEN, IKE  
Address: PO BOX 2124 COLON FREE ZONE  
City-St-Zip: PANAMA, XX XX XX

Title: MGRM ( ) Delete  
Name: ESHKENAZI, JOSEPH  
Address: P.O. BOX 2124 COLON FREE ZONE  
City-St-Zip: PANAMA, XX XX XX

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: IKE ROSEN

MGRM

02/25/2009

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